ART STYLE TRAVEL ENTERTAINMENT PEOPLE

# ARISE

For Diverse People of African Descent

## PHILL WILSON:

## 20 YEARS & GOING STRONG

A MAN DETERMINED TO MAKE A DIFFERENCE

## AUTUMN HEAT

hot fall looks 2002

## XIV International AIDS Conference

what's really going on?

## Force or Farce:

can the national black gay lesbian leadership forum be salvaged?

## The Photography

of Greg McNeal

snapshots from hotter than july detroit's pride celebration

HIV/AIDS SPECIAL EDITION

Vol.2[illegible] No.08 SEPT 2002

$4.00 US/CAN

09>

0 74470 99392 6

FEEL THE POWER

ARISE Magazine, in association with
Freedom and Falcon Tours, Inc. presents

A Journey Home

Capetown, South Africa

November 5–15, 2002

A tour created specifically with *us* in mind. Be part of this history-making tour and journey home with two hundred family members.

Ten amazing days of art, travel, tours, and communion with our sisters and brothers abroad. It's our time!

For more information, visit www.myfreedomtour.com or www.arisemag.com
or call this toll-free number 1.866.359.2872 (1.866.FLY.CTSA)

future
future
trust
reason
determination
commitment
concern
reason
life
life
life
action
control
control
action
control

**Because taking care of everyone I love means taking care of myself first.**

**It's Time To Plan Your Future With VIRACEPT®.**

**Because it's strong and effective.** Keep your viral load down with the #1 prescribed HIV medication of its kind.* VIRACEPT works with you to keep your life on track.

**Because it's easy to live with.** VIRACEPT's easy dosing schedule and manageable side effects have been helping all kinds of people continue to lead their lives on their own terms.

**Because it saves future options.** When choosing a treatment plan, it's important to consider what options you will have in the future. Studies show taking VIRACEPT early on leaves you with choices in treatment for later. Ask your doctor about your future with VIRACEPT.

VIRACEPT®
nelfinavir mesylate
tablets and oral powder

VIRACEPT is indicated in combination with other antiretroviral agents for the treatment of HIV infection. The most common side effect of VIRACEPT is diarrhea, which can usually be controlled with over-the-counter treatments. Some prescription and non-prescription drugs and supplements should not be taken with VIRACEPT, so talk to your doctor first. For some people, protease inhibitors have been associated with the onset or worsening of diabetes mellitus and hyperglycemia, changes in body fat, and increased bleeding in hemophiliacs. **HIV drugs do not cure HIV infection or prevent you from spreading the virus.**

Refer to the important information on the next page. For more information, call toll free 1-888-VIRACEPT or visit www.viracept.com.

Agouron®
Pharmaceuticals, Inc.
A Pfizer Company

*IMS HEALTH National Prescription Audit™ data for Protease Inhibitors, 1/00-12/00.
VIRACEPT and Agouron are registered trademarks of Agouron Pharmaceuticals, Inc.
Copyright ©2001, Agouron Pharmaceuticals, Inc. All rights reserved. 1-V01139-CC

Agouron®
Pharmaceuticals, Inc.
A Pfizer Company

# VIRACEPT®

**(nelfinavir mesylate)**

Tablets and Oral Powder

## Information for Patients

**about VIRACEPT® (VI-ra-cept)**

Generic Name: nelfinavir (nel-FIN-na-veer) mesylate

**For the Treatment of Human**
**Immunodeficiency Virus (HIV) Infection**

Please read this information carefully before taking VIRACEPT. Also, please read this leaflet each time you renew the prescription, just in case anything has changed. This is a summary and not a replacement for a careful discussion with your doctor. You and your doctor should discuss VIRACEPT when you start taking this medication and at regular checkups. You should remain under a doctor's care when taking VIRACEPT and should not change or stop treatment without first talking with your doctor.

**Alert: Find out about medicines that should NOT be taken with VIRACEPT.** Please also read the section "MEDICINES YOU SHOULD NOT TAKE WITH VIRACEPT".

### WHAT IS VIRACEPT AND HOW DOES IT WORK?

VIRACEPT is used in combination with other antiretroviral drugs in the treatment of people with human immunodeficiency virus (HIV) infection. Infection with HIV leads to the destruction of CD4 T cells, which are important to the immune system. After a large number of CD4 cells have been destroyed, the infected person develops acquired immune deficiency syndrome (AIDS).

VIRACEPT works by blocking HIV protease (a protein-cutting enzyme), which is required for HIV to multiply. VIRACEPT has been shown to significantly reduce the amount of HIV in the blood. Although VIRACEPT is not a cure for HIV or AIDS, VIRACEPT can help reduce your risk for death and illness associated with HIV. Patients who took VIRACEPT also had significant increases in the number of CD4 cell count.

**VIRACEPT should be taken together with other antiretroviral drugs** such as Retrovir® (zidovudine, AZT), Epivir® (lamivudine, 3TC), or Zerit® (stavudine, d4T). Taking VIRACEPT in combination with other antiretroviral drugs reduces the amount of HIV in the body (viral load) and raises CD4 counts.

VIRACEPT may be taken by adults, adolescents, and children 2 years of age or older. Studies in infants younger than 2 years of age are now taking place.

### DOES VIRACEPT CURE HIV OR AIDS?

VIRACEPT is not a cure for HIV infection or AIDS. People taking VIRACEPT may still develop opportunistic infections or other conditions associated with HIV infection. Some of these conditions are pneumonia, herpes virus infections, *Mycobacterium avium* complex (MAC) infections, and Kaposi's sarcoma.

There is no proof that VIRACEPT can reduce the risk of transmitting HIV to others through sexual contact or blood contamination.

### WHO SHOULD OR SHOULD NOT TAKE VIRACEPT?

Together with your doctor, you need to decide whether VIRACEPT is appropriate for you. In making your decision, the following should be considered:

**Allergies: If you have had a serious allergic reaction to VIRACEPT, you must not take VIRACEPT.** You should also inform your doctor, nurse, or pharmacist of any known allergies to substances such as other medicines, foods, preservatives, or dyes.

**If you are pregnant:** The effects of VIRACEPT on pregnant women or their unborn babies are not known. If you are pregnant or plan to become pregnant, you should tell your doctor before taking VIRACEPT.

**If you are breast-feeding:** You should discuss with your doctor the best way to feed your baby. You should be aware that if your baby does not already have HIV, there is a chance that it can be transmitted through breast-feeding. **Women should not breast-feed if they have HIV.**

**Children:** VIRACEPT is available for the treatment of children 2 through 13 years of age with HIV. There is a powder form of VIRACEPT that can be mixed with milk, baby formula, or foods like pudding. Instructions on how to take VIRACEPT powder can be found in a later section that discusses how VIRACEPT Oral Powder should be prepared.

**If you have liver disease:** VIRACEPT has not been studied in people with liver disease. If you have liver disease, you should tell your doctor before taking VIRACEPT.

**Other medical problems:** Certain medical problems may affect the use of VIRACEPT. Some people taking protease inhibitors have developed new or more serious diabetes or high blood sugar. Some people with hemophilia have had increased bleeding. It is not known whether the protease inhibitors caused these problems. Be sure to tell your doctor if you have hemophilia types A and B, diabetes mellitus, or an increase in thirst and/or frequent urination.

Changes in body fat have been seen in some patients taking protease inhibitors. These changes may include increased amount of fat in the upper back and neck ("buffalo hump"), breast, and around the trunk. Loss of fat from the face, legs and arms may also happen. The cause and long-term health effects of these conditions are not known at this time.

### CAN VIRACEPT BE TAKEN WITH OTHER MEDICATIONS?

VIRACEPT may interact with other drugs, including those you take without a prescription. You must discuss with your doctor any drugs that you are taking or are planning to take before you take VIRACEPT.

**Medicines you should not take with VIRACEPT:**

Propulsid® (cisapride, for heartburn)

Cordarone® (amiodarone, for irregular heartbeat)

Quinidine (for irregular heartbeat), also known as Quinaglute®, Cardioquin®, Quinidex®, and others

Ergot derivatives (Cafergot® and others, for migraine headache)

Halcion® (triazolam)

Versed® (midazolam)

Mevacor® (lovastatin, for cholesterol lowering)

Zocor® (simvastatin, for cholesterol lowering)

Taking the above drugs with VIRACEPT may cause serious and/or life-threatening adverse events.

Rifampin® (for tuberculosis), also known as Rimactane®, Rifadin®, Rifater®, or Rifamate®
This drug reduces blood levels of VIRACEPT.

**Dose reduction required if you take VIRACEPT with:** Mycobutin® (rifabutin, for MAC); you will need to take a lower dose of Mycobutin.

**A change of therapy should be considered if you are taking VIRACEPT with:**

Phenobarbital

Phenytoin (Dilantin® and others)

Carbamazepine (Tegretol® and others)

These agents may reduce the amount of VIRACEPT in your blood and make it less effective.

Oral contraceptives ("the pill")

If you are taking the pill to prevent pregnancy, you should use a different type of contraception since VIRACEPT may reduce the effectiveness of oral contraceptives.

**Special considerations**

Before you take Viagra® (sildenafil) with VIRACEPT, talk to your doctor about possible drug interactions and side effects. If you take Viagra and VIRACEPT together, you may be at increased risk of side effects of Viagra such as low blood pressure, visual changes, and penile erection lasting more than 4 hours. If an erection lasts longer than 4 hours, you should seek immediate medical assistance to avoid permanent damage to your penis. Your doctor can explain these symptoms to you.

It is not recommended to take VIRACEPT with the cholesterol-lowering drugs Mevacor® (lovastatin) or Zocor® (simvastatin) because of possible drug interactions. There is also an increased risk of drug interactions between VIRACEPT and Lipitor® (atorvastatin) and Baycol® (cerivastatin); talk to your doctor before you take either of these cholesterol reducing drugs with VIRACEPT.

Taking St. John's wort (hypericum perforatum), an herbal product sold as a dietary supplement, or products containing St. John's wort with VIRACEPT is not recommended. Talk with your doctor if you are taking or are planning to take St. John's wort. Taking St. John's wort may decrease VIRACEPT levels and lead to increased viral load and possible resistance to VIRACEPT or cross resistance to other antiretroviral drugs.

### HOW SHOULD VIRACEPT BE TAKEN WITH OTHER ANTI-HIV DRUGS?

Taking VIRACEPT together with other anti-HIV drugs increases their ability to fight the virus. It also reduces the opportunity for resistant viruses to grow. Based on your history of taking other anti-HIV medicine, your doctor will direct you on how to take VIRACEPT and other anti-HIV medicines. These drugs should be taken in a certain order or at specific times. This will depend on how many times a day each medicine should be taken. It will also depend on whether it should be taken with or without food.

**Nucleoside analogues:** No drug interaction problems were seen when VIRACEPT was given with:

Retrovir (zidovudine, AZT)

Epivir (lamivudine, 3TC)

Zerit (stavudine, d4T)

Videx® (didanosine, ddl)

**If you are taking both Videx (ddl) and VIRACEPT:**
Videx should be taken without food, on an empty stomach. Therefore, you should take VIRACEPT with food one hour after or more than two hours before you take Videx.

**Nonnucleoside reverse transcriptase inhibitors (NNRTIs):**

When VIRACEPT is taken together with:

Viramune® (nevirapine)

The amount of VIRACEPT in your blood is unchanged. A dose adjustment is not needed when VIRACEPT is used with Viramune.

Sustiva™ (efavirenz)

The amount of VIRACEPT in your blood may be increased. A dose adjustment is not needed when VIRACEPT is used with Sustiva.

Other NNRTIs

VIRACEPT has not been studied with other NNRTIs.

**Other protease inhibitors:**

When VIRACEPT is taken together with:

Crixivan® (indinavir)

The amount of both drugs in your blood may be increased. Currently, there are no safety and efficacy data available from the use of this combination.

Norvir™ (ritonavir)

The amount of VIRACEPT in your blood may be increased. Currently, there are no safety and efficacy data available from the use of this combination.

Invirase® (saquinavir)

The amount of saquinavir in your blood may be increased. Currently, there are no safety and efficacy data available from the use of this combination.

### WHAT ARE THE SIDE EFFECTS OF VIRACEPT?

Like all medicines, VIRACEPT can cause side effects. Most of the side effects experienced with VIRACEPT have been mild to moderate. Diarrhea is the most common side effect in people taking VIRACEPT, and most adult patients had at least mild diarrhea at some point during treatment. In clinical studies, about 15-20% of patients receiving VIRACEPT 750 mg (three tablets) three times daily or 1250 mg (five tablets) two times daily had four or more loose stools a day. In most cases, diarrhea can be controlled using antidiarrheal medicines, such as Imodium® A-D (loperamide) and others, which are available without a prescription.

Other side effects that occurred in 2% or more of patients receiving VIRACEPT include nausea, gas and rash.

There were other side effects noted in clinical studies that occurred in less than 2% of patients receiving VIRACEPT. However, these side effects may have been due to other drugs that patients were taking or to the illness itself. Except for diarrhea, there were not many differences in side effects in patients who took VIRACEPT along with other drugs compared with those who took only the other drugs. For a complete list of side effects, ask your doctor, nurse, or pharmacist.

### HOW SHOULD I TAKE VIRACEPT?

VIRACEPT is available only with your doctor's prescription. Your doctor may prescribe the light blue VIRACEPT Tablets either as 1250 mg (five tablets) taken two times a day or as 750 mg (three tablets) taken three times a day. VIRACEPT should always be taken with a meal or a light snack. VIRACEPT tablets are film-coated to help make the tablets easier to swallow.

**Take VIRACEPT exactly as directed by your doctor.** Do not increase or decrease any dose or the number of doses per day. Also, take this medicine for the exact period of time that your doctor has instructed. **Do not stop taking VIRACEPT without first consulting with your doctor, even if you are feeling better.**

Only take medicine that has been prescribed specifically for you. Do not give VIRACEPT to others or take medicine prescribed for someone else.

The dosing of VIRACEPT may be different for you than for other patients. **Follow the directions from your doctor, exactly as written on the label.** The amount of VIRACEPT in the blood should remain somewhat consistent over time. Missing doses will cause the concentration of VIRACEPT to decrease; therefore, **you should not miss any doses.** However, if you miss a dose, you should take the dose as soon as possible and then take your next scheduled dose and future doses as originally scheduled.

**Dosing in adults (including children 14 years of age and older)**

The recommended adult dose of VIRACEPT is 1250 mg (five tablets) taken two times a day or 750 mg (three tablets) taken three times a day. Each dose should be taken with a meal or light snack.

**Dosing in children 2 to 13 years of age**

The VIRACEPT dose in children depends on their weight. The recommended dose is 20 to 30 mg/kg (or 9 to 14 mg/pound) per dose, taken three times daily with a meal or light snack. This can be administered either in tablet form or, in children unable to take tablets, as VIRACEPT Oral Powder.

Dose instructions will be provided by the child's doctor. The dose will be given three times daily using the measuring scoop provided, a measuring teaspoon, or one or more tablets depending on the weight and age of the child. The amount of oral powder or tablets to be given to a child is described in the chart below.

| Pediatric Dose to Be Administered Three Times Daily | | | | |
|---|---|---|---|---|
| Body Weight | | Number of | Number of | Number of |
| Kg | Lb | Level Scoops* | Level Teaspoons† | Tablets |
| 7 to <8.5 | 15.5 to <18.5 | 4 | 1 | — |
| 8.5 to <10.5 | 18.5 to <23 | 5 | 1 1/4 | — |
| 10.5 to <12 | 23 to <26.5 | 6 | 1 1/2 | — |
| 12 to <14 | 26.5 to <31 | 7 | 1 3/4 | — |
| 14 to <16 | 31 to <35 | 8 | 2 | — |
| 16 to <18 | 35 to <39.5 | 9 | 2 1/4 | — |
| 18 to <23 | 39.5 to <50.5 | 10 | 2 1/2 | 2 |
| ≥23 | ≥50.5 | 15 | 3 3/4 | 3 |

In measuring oral powder, the scoop or teaspoon should be level.

* 1 level scoop contains 50 mg of VIRACEPT. Use only the scoop provided with your VIRACEPT bottle.

† 1 level teaspoon contains 200 mg of VIRACEPT. Note: **A measuring teaspoon used for dispensing medication** should be used for measuring VIRACEPT Oral Powder. Ask your pharmacist to make sure you have a medication dispensing teaspoon.

---

**How should VIRACEPT Oral Powder be prepared?**

The oral powder may be mixed with a small amount of water, milk, formula, soy formula, soy milk, dietary supplements, or dairy foods such as pudding or ice cream. Once mixed, the entire amount must be taken to obtain the full dose.

Do **not** mix the powder with any acidic food or juice, such as orange or grapefruit juice, apple juice, or apple sauce, because this may create a bitter taste.

Once the powder is mixed, it may be stored at room temperature or refrigerated for up to 6 hours. Do **not** heat the mixed dose once it has been prepared.

Do **not** add water to bottles of oral powder.

VIRACEPT powder is supplied with a scoop for measuring. For help in determining the exact dose of powder for your child, please ask your doctor, nurse, or pharmacist.

VIRACEPT Oral Powder contains aspartame, a low-calorie sweetener, and therefore should not be taken by children with phenylketonuria (PKU).

### HOW SHOULD VIRACEPT BE STORED?

Keep VIRACEPT and all other medicines out of the reach of children. Keep bottle closed and store at room temperature (between 59ºF and 86ºF) away from sources of moisture such as a sink or other damp place. Heat and moisture may reduce the effectiveness of VIRACEPT.

Do not keep medicine that is out of date or that you no longer need. Be sure that if you throw any medicine away, it is out of the reach of children.

Discuss all questions about your health with your doctor. If you have questions about VIRACEPT or any other medication you are taking, ask your doctor, nurse, or pharmacist. You can also call 1.888.VIRACEPT (1.888.847.2237) toll free.

**Call 1.888.VIRACEPT**

VIRACEPT and Agouron are registered trademarks of Agouron Pharmaceuticals, Inc.

Copyright ©2001, Agouron Pharmaceuticals, Inc. All rights reserved.

Agouron®
Pharmaceuticals, Inc.
A Pfizer Company

Agouron Pharmaceuticals Inc.
La Jolla, California, 92037, USA
1-V01171-BG

L203-0001 PPI
Rev. 01/25/01

# ARISE'S NEW LOOK!

> *One thing I charge you. As you live, believe in life! Always human beings will live and progress to greater, broader and fuller life.*
> *—W. E. B. Du Bois, 1868–1963*
> *Intellectual and Activist*

If we are not growing, then we are dying. So then, we reach beyond our borders to do better reaching for the best. ARISE has expanded our canvas, so to speak, by increasing our pages from sixty-eight to ninety-six. With our premiere issue that debuted in October 2000, we presented a forty-eight page, two-color, 10" by 10" publication. Two months later we reinvented ourselves, graduating to perfect binding, glossy cover, and incorporating four-color processing in half of our pages.

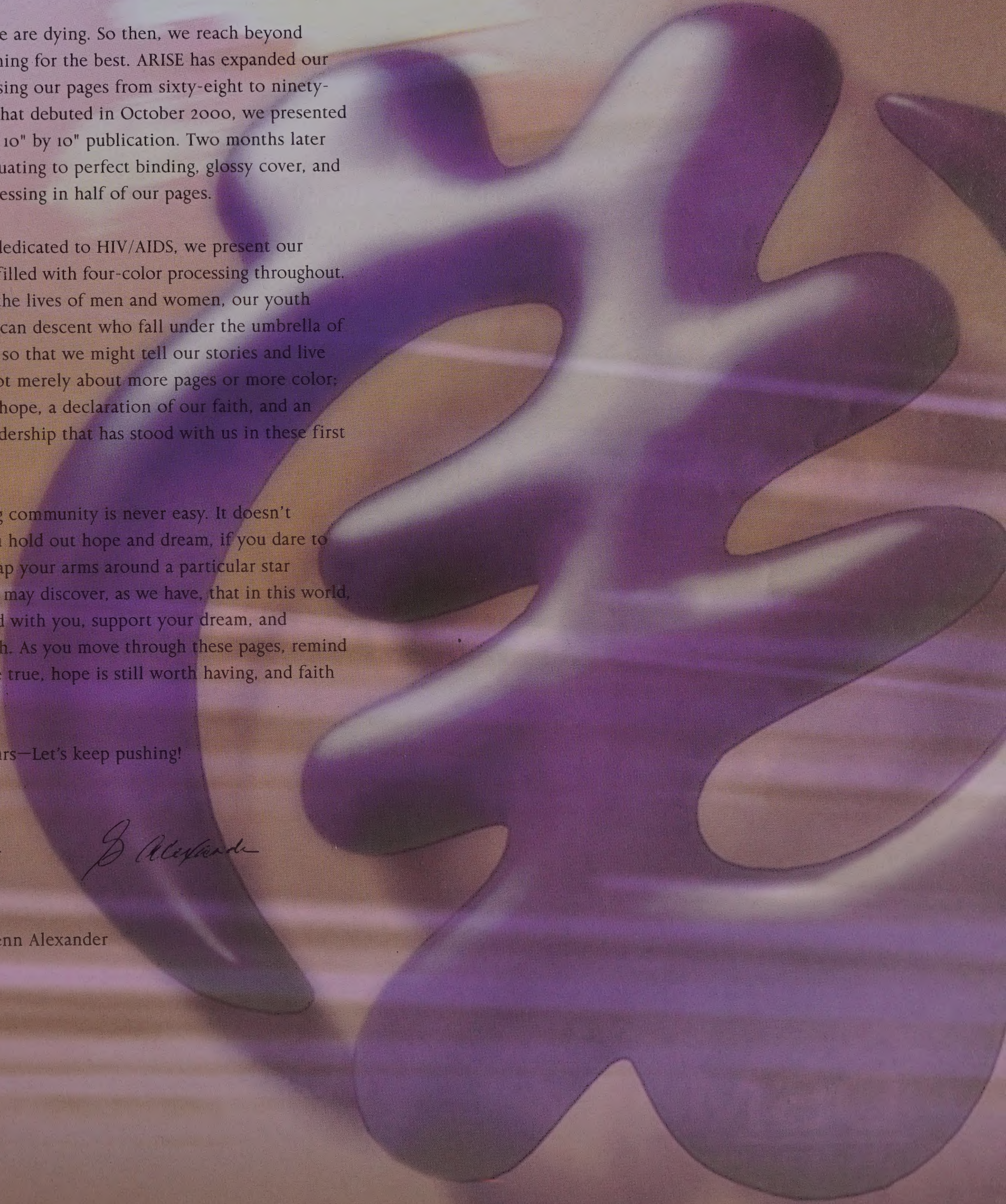
With this issue that we have dedicated to HIV/AIDS, we present our newest format, expanded and filled with four-color processing throughout. This redesign is dedicated to the lives of men and women, our youth and our elders, people of African descent who fall under the umbrella of sexually diverse communities so that we might tell our stories and live our truth. This new look is not merely about more pages or more color; it is in truth a symbol of our hope, a declaration of our faith, and an affirming response to our readership that has stood with us in these first two years.

We have learned that building community is never easy. It doesn't come in an instant. But if you hold out hope and dream, if you dare to reach out for a vision and wrap your arms around a particular star that has your name on it, you may discover, as we have, that in this world, there are those that will stand with you, support your dream, and encourage you along your path. As you move through these pages, remind yourself that dreams do come true, hope is still worth having, and faith will get you through.

From the ARISE family to yours—Let's keep pushing!
Peace and power,

MacArthur H Flournoy G Alexander

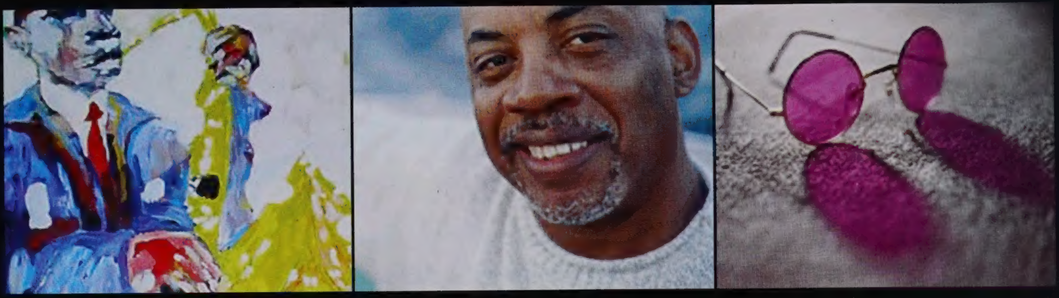
MacArthur H. Flournoy & Glenn Alexander
Publishers



ART

APPAREL

ACCESSORIES



"CLASSIC CITY STYLE"

DSM is not just a store but is also a boutique experience with the ambiance of a comfortable hangout. Black leather armchairs flank a Chinese chessboard near the window – three or four people a day come in to play chess with Titus. A fabulous hand-painted chess set from South Africa is prominently displayed. Paintings of jazzmen line the walls. Music plays and the CDs are for sale.

DSM
DEEP SOLE MEN

634 Grand Avenue, 1st Floor, Oakland, CA 94610
Telephone 510.835.SOLE (7653) Fax 510.835.3760
Web: www.deepsole.com Email: info@deepsole.com

Friendship.
Love.
Family.

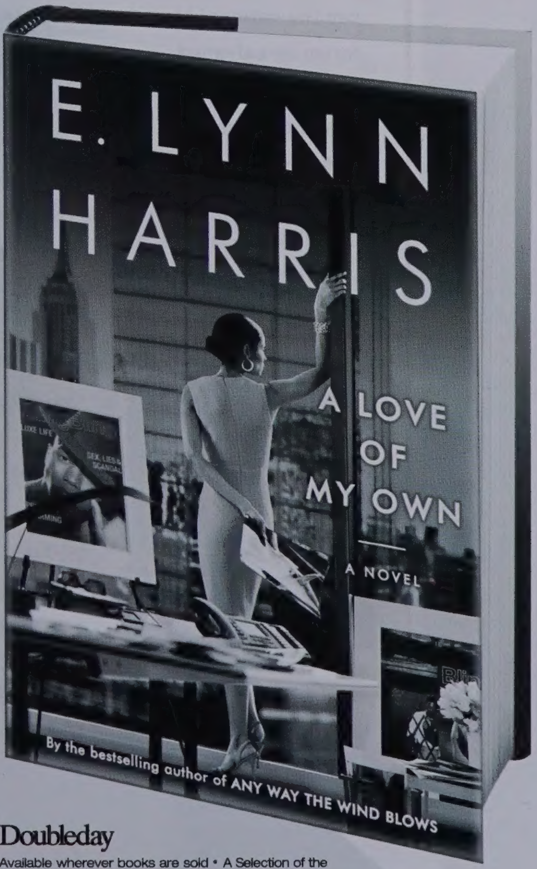
Nobody does it better than

E. LYNN HARRIS

More than **3 Million** copies of his books in print.

5 *New York Times* Bestsellers

Now E. Lynn Harris brings us his biggest and boldest novel yet, as he explores the many faces of love like he never has before.



Doubleday
Available wherever books are sold • A Selection of the Book-of-the-Month Club, The Literary Guild, and Doubleday Book Club • Also available on CD from Random House Audio

www.elynnharris.com

New in Paperback from Anchor Books
*Any Way the Wind Blows*

ARISE

| | |
|---|---|
| EDITOR-IN-CHIEF | MacArthur H. Flournoy |
| MANAGING EDITOR | Glenn Alexander |
| FEATURES EDITOR | Akilah Monifa |
| WOMEN'S HEALTH EDITOR | Kimberly Hicks, MD |
| MEN'S HEALTH EDITOR | Dr. David Malebranche |
| NEXT GENERATION EDITOR | Tim'm T. West |
| ENTERTAINMENT EDITOR | Chaz Crowder |
| TRANSGENDER COMMUNITY EDITOR | Sharyn Grayson |
| CONTRIBUTING WRITERS | Loren R. Javier, Denise Liggett, Akilah Monifa, Jhabriel C. Moore, Sundiata Alaye, Hameed "Heru" Williams |
| GRAPHIC DESIGNERS | Melissa Vega, Mike Whiteside |
| ADVERTISING DIRECTOR | Glenn Alexander |
| FASHION EDITORS | Eric Hollis, John Mortimer |

ARISE Magazine
1533 41st Street, Sacramento, CA 95819
phone: 916.454.2781 fax: 916.454.2789
email: arise@arisemag.com
www.arisemag.com

National Advertising Representative
Rivendell Marketing Company
212.242.6863

ARISE Magazine is published by ARISE Communications, Inc., 1533 41st Street, Sacramento, CA 95819. Founded in 2000.

The contents of ARISE Magazine may not be reproduced in any manner, either in whole or in part, without permission from the publisher. All rights reserved. Letters to the editor, artwork, photography, manuscripts, and other correspondence may be submitted to ARISE Magazine at the above address. We cannot acknowledge or return materials unless accompanied by a stamped, self-addressed envelope. Allow at least three months for processing. Publication of the name or photograph of any person or organization in articles or advertisements in ARISE Magazine is not to be construed as any indication of the sexual orientation or the HIV/AIDS status of such person or organization.

The content and opinions expressed in ARISE are the sole responsibility of the authors and advertisers.

Gye Nyame is an Akan symbol that represents the omnipotence and the omnipresence of God and originates from Ghana, West Africa. ARISE Magazine embraces Gye Nyame to affirm the inherent spiritual nature of all African descended diverse people. While we acknowledge and honor the bountiful expression of our individual spiritual beliefs, Gye Nyame is offered as an articulation of our totality and collective strength to effect positive change.

# contents

# HIV/AIDS

September 2002 – V2 Issue 8

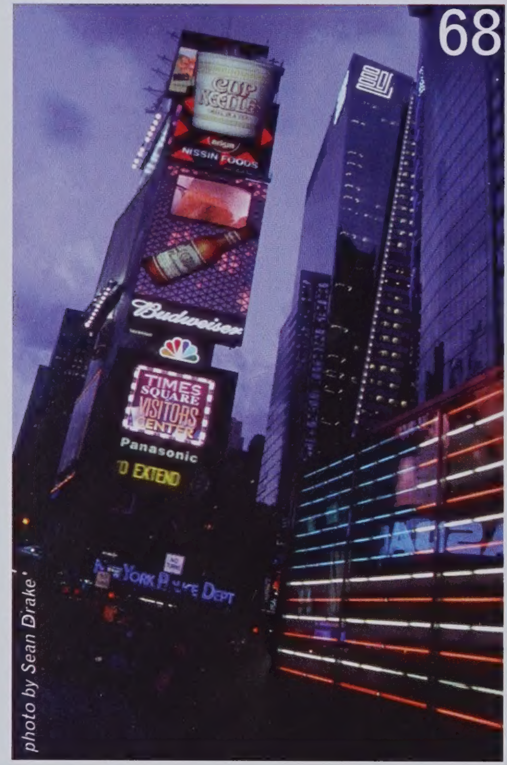


photo by Sean Drake

## ARISE

arise new look 03
table of contents 06
publishers' letter 08
libation to the elders 09
back talk 10
contributors 11

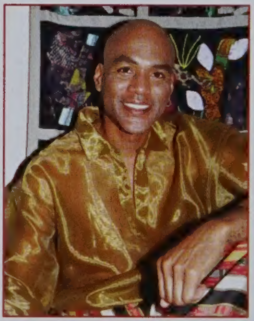
## COVER STORY

phill wilson 44

## FEATURES

are black men listening 12
by Clarence Fulker
a year since 911 17
by Akilah Monifa
HIV negative and living with AIDS 19
by Guy Oriedo Weston
sister hud: a profile of darlene hudson 23
by Craig Washington
a history making tour to south africa 25
greg McNeal – a photographer with heart 28
by MacArthur H. Flournoy
update on the XIV international AIDS conference 34
by MacArthur Flournoy & Glenn Alexander
to be or not to be...positive! 37
by Harry Duke Banks
black men in the city of angeles 58
by Los Angeles Office of AIDS
report from the national association of black journalist covering nen on the DL 66
by Akilah Monifa
can the national black lesbian leadership forum be salvaged 74
by Brent Carpenter
poetic expression 83
by Jhahbriel C.E. Moore, Sr.
building our communities / building ourselves 87
by Hameed "Heru" Williams

photo by Greg McNeal



COVER
Phill Wilson
photo by: Greg McNeal

# contents

44

photo by Greg McNeal

## DEPARTMENTS

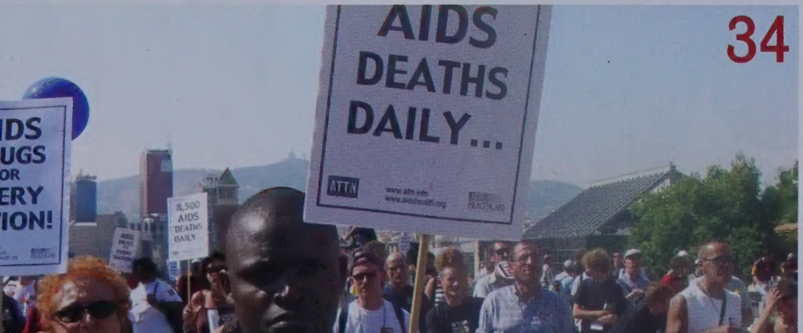
fashion 49
black men's health 61
passages 68
technology 71
scene / seen 76
book review 81
pearls of wisdom 84
currency 85
adventures in parenting 91

## COLUMNS

glaad: where am I on bet 64
by Loren Javier
transformations 78
by Sharyn Grayson
the spirit reminds us 89
Sundiata Alayé
phill wilson 95

49

photo by Noel Spirandelli


34

AIDS DEATHS DAILY...
ATTN
8,500 AIDS DEATHS DAILY
IDS
UGS
OR
ERY
ION!

# publisher's letter

We need to be honest. Sometimes when we consider the statistics and the rising incidence of HIV/AIDS, we silently wonder do people really give a damn that people of African descent all over the world are dying of this disease, needlessly. Then we have another heretical thought. Our hearts wonder about all the money that has gone into prevention, outreach, treatment, and education in the United States. The question comes to mind, What has been the real outcome of the investment?

When we occasion black pride events across the nation and witness rampant substance use, the flagrant focus on sensuality, we wonder where does risk reduction fit into the equation—if at all. We even allow ourselves to question if in fact black men that have sex with other men have made any real commitment to reducing the incidence of HIV/AIDS. While it seems like we are quick to author press releases and attend town hall meetings to advocate for capacity building and enhance systems (that's a favorite), we wonder where are we really going after more than two decades of this pandemic.

While it is true that we have strong impassioned leaders that are forging progressive initiatives on behalf of our diverse and global community to squash this pandemic, it would also seem there are many among us who have chosen to ignore HIV/AIDS. Another voice that has emerged could be known as "Just Us and No More." In other words, let's just focus on black gay men and Latino gay men in this country and no more. Have we forgotten our own struggle in this country to create initiatives that would sustain programs targeting our community? How then could we deprive the most impoverished nations of the world foreign aid?

What is the level of commitment in this country to embrace and integrate what we have already learned about this virus and its impact on our community? When more than ninety percent of young gay black men do not know their HIV status, what does that tell us about our own willingness to value our health and our lives? When one of the nation's premiere magazines targeting African Americans in this country can run a "Health Issue, July 2002" absent a single mention of HIV/AIDS, I am compelled to wonder do we really give a damn about our lives, each other, and the world that we live in?

Without a doubt, we have countless women and men who have sacrificed their lives to find a solution to this epidemic. But someone must be willing to say that "some of the emperors are running around with their glutes showing" and that much of what has masqueraded as prevention, education, and treatment are in fact outdated paradigms that do not yield real outcomes. The numbers tell the real story.

Battling HIV/AIDS for people of African descent means wrestling with the complexities of racism, poverty, and homophobia. We are concerned that unless there is a radical change in our approaches, we are subject to losing multiple generations while we play "AIDS Prevention, Education, and Treatment in the name of people of African descent."

We are strengthened by the stories written herein that feature visionaries both HIV negative and HIV positive, people who have committed their lives to social justice, equality, and fair-minded

photo by Duane Cramer

access to treatment for all. When one out of every ten black men that has sex with men is infected with HIV in this country, when thirty percent of young gay black men are HIV positive, when African-American women are thirty-seven times more likely to contract HIV than their white female counterparts, I am reminded of the enormity of the task that lies ahead. But I have hope.

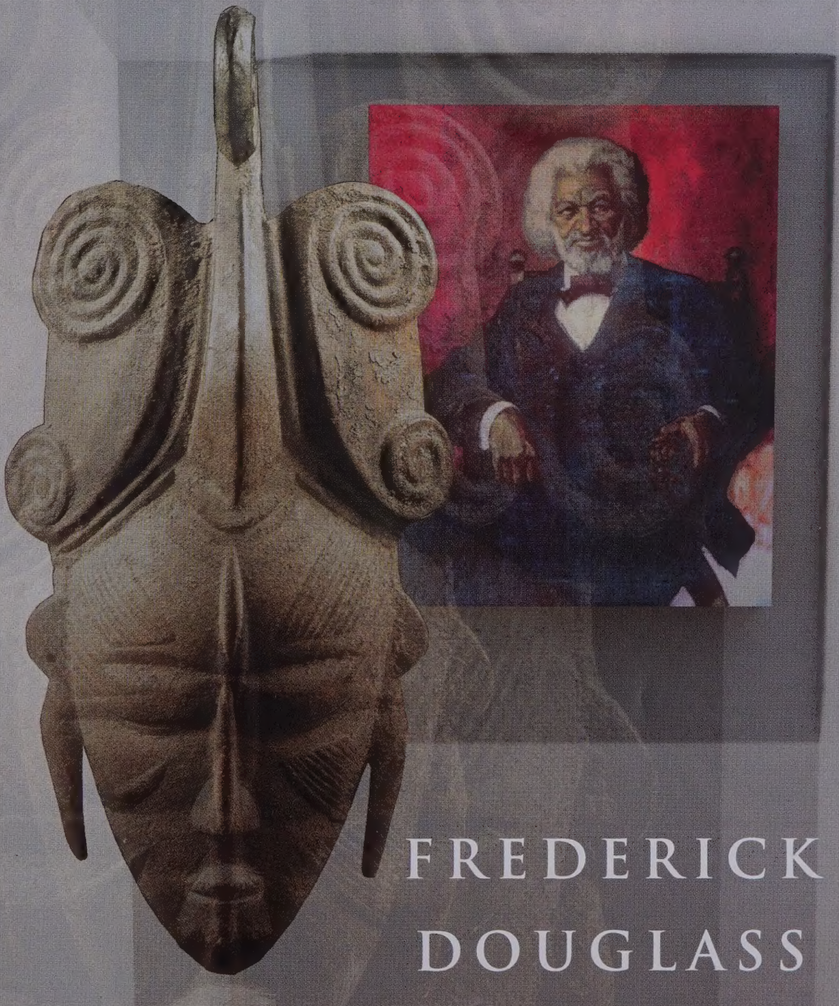
My hope is rooted in the fact that despite what doctors, statisticians, epidemiologists, and even impassioned editors may argue, we have faced what appeared to be impossible odds before. We have made a change in this world before, and we must do it again.

Never before has there been a greater need for fiscal accountability, skilled program developers, informed and educated health care workers, reliable evaluation methods that determine what strategies are effective, and real leadership from the boardrooms to the outreach efforts on the street. The time is now. We must ARISE or relinquish our power to a virus that has proven itself clever, swift, and progressively complicated. What will our response be to HIV/AIDS in the days that lie ahead?

MacArthur H. Flournoy G Alexander

MacArthur H. Flournoy & Glenn Alexander
Publishers

*arise@arisemag.com*



# FREDERICK DOUGLASS

## by Robert Hayden, 1913–1980

When it is finally ours, this freedom, this liberty, this beautiful
and terrible thing, needful to man as air,
useable as earth; when it belongs at last to all,
when it is truly instinct, brain matter, diastole, systole,
reflex action; when it is finally won; when it is more
than the gaudy mumbo jumbo of politicians:
this man, this Douglass, this former slave, this Negro
beaten to his knees, exiled, visioning a world
where none is lonely, none hunted, alien,
this man, superb in love and logic, this man
shall be remembered. Oh, not with statues' rhetoric,
not with legends and poems and wreaths of bronze alone,
but with the lives grown out of his life, the lives
fleshing his dream of the beautiful, needful thing

# back talk

ARISE
For Young People of African Descent
THE NEW BLACK L G B T FAMILY

Finally, I had time to read your article, and found it to be very inspirational. I've been distant from my family not only in miles but also in my thinking for many years. Through my travels and career I have incorporated an extended family into my life. This family hasn't always been of my choosing but neither were my blood relatives. In saying that, I believe that a love for common experience should not be dismissed, and I can't grow unless I assist the next person. More times than not that person has been of my same hue. Acceptance and forgiveness are integral parts of how I cultivate my relationships with others in creating bonds that grow and manifest. I refuse to believe that black people—gay, straight, lesbian, transgendered, bisexual—can't hold fast for the common good of the whole. This thought of individual propulsion has and will deplete many and should be rethought by all in the struggle.

I wanted you to know that I appreciated your voice today. I really needed to read what you wrote.

Peace and Love,

Greg Howard
San Francisco, CA

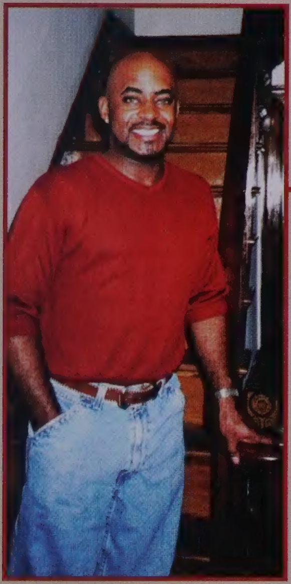
Hey! Whassup?
I think you guys are awesome. Thanks for opening my eyes to what it's really about being black, gay, and (possibly becoming) transgendered. Your past issues have really touched my heart and made me realize that all is not lost for people who are different. I have been struggling with this stuff for almost all of my life, since I found out that I was attracted to black men. Being brought up in a strong religious home wasn't a barrel a fun. From the moment I knew I was gay, I have dealt with a lot of heartache from my peers and family members. Regarding the October 2001 article about masculinity: On countless occasions, I have tried to live up to the so-called black man's masculinity syndrome. Looking back, I think I was trying to be someone that I wasn't. I fell into the trap of thinking the better body you had, the better your chances of getting the catch of the day. But deep down inside I felt the presence of who and what I've been all these years, and that's a fierce diva who needs to pursue my dreams, ambitions, and goals with dignity. So keep up the good work.

Sincerely,
Bobbi Bouche

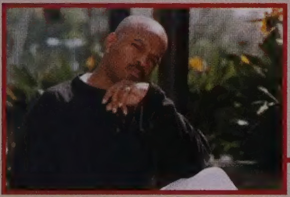
- ORGANIZATIONAL DEVELOPMENT
- PROBLEM-SOLVING
- TEAM BUILDING
- ALTERNATIVE DISPUTE RESOLUTION
- PERSONAL EMPOWERMENT

"Experiencing those profound moments with you'.

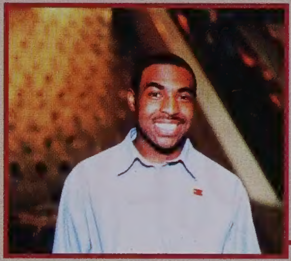
KHPRA
CONSULTING & TRAINING SERVICES
Hameed S. Williams,
Founder/President
(917) 482-5262
www.profoundmoments.com



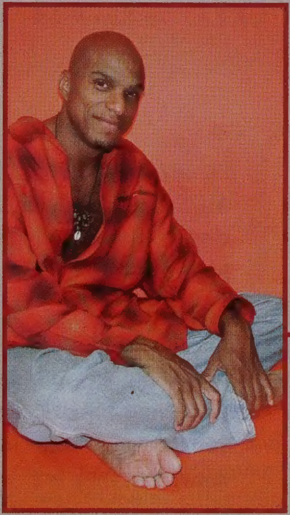
**Harry "Duke" Banks** is a case manager living in Washington, D.C. He is currently working on short stories of inspiration for people living with HIV, and dealing with issues of spirituality, sexuality, and acceptance.



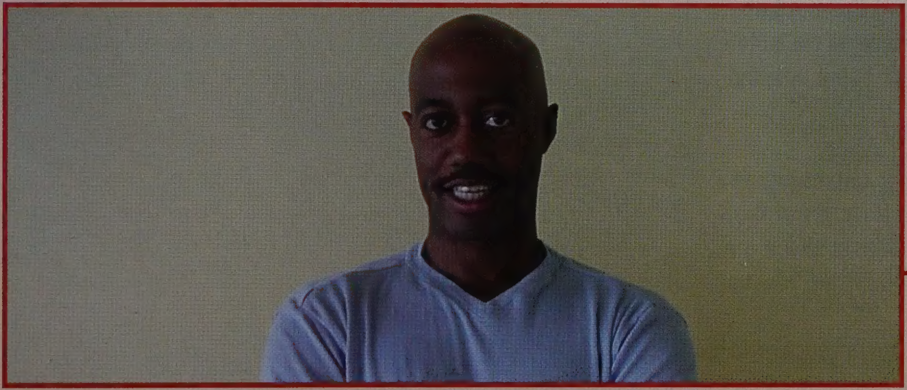
**Guy-Oreido Weston** continues to work full time on HIV/AIDS issues. He now lives in Washington, D.C., and is writing a book about same-gender-loving black men in the Civil War South.



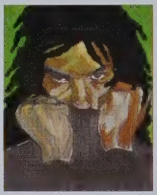
**Clarence Fluker** received his master's in Public Communication from American University in May 2002. His civil liberties work has garnered him recognition from numerous community organizations. Clarence was the recipient of the 2001 Outlook Award for Young Leaders.



**Brent Dorian Carpenter** is a feature writer and biweekly columnist for Michigan's gay weekly newspaper *Between the Lines* and also covers the black LGBT community for the black weekly *The Michigan Citizen.* He has written and self-published two novels: *Man of the Cloth and This Time Around.* He resides in Detroit and is currently on a book tour at several Black Pride celebrations east of the Mississippi.



**Craig Washington** has lived in Atlanta for ten years. In 1993, he began working at AIDS Atlanta where he created The Deeper Love Project, an HIV prevention and support program for black gay/bisexual men, which is still running. He also served as co-chair for Second Sunday, a support organization for black gay men. In January 2001, he assumed leadership of the Atlanta Gay and Lesbian Center. Craig lives in southwest Atlanta where he listens to Aretha, Chaska, and Jill Scott.



# SEE NO EVIL, HEAR NO EVIL, SPEAK NO EVIL

## are black men listening?

by Clarence* J. Fluker

The day I found out that my uncle, a black gay man, was infected with the virus that causes AIDS, the window through which I viewed the world changed. The day that I learned one of my closest friends, only two years older than myself, was infected with the virus, that window became wider.

I could see more and more the evils of not only the infection that causes so many people to eventually die, but also the evils that attribute to so many people being infected. Earlier this year the Center for Disease Control (CDC) released frightening numbers illuminating that scores of young men of color who have sex with men are infected with HIV and many of them don't even know that they are.

All the money local, state, and national governments pour into organizations and foundations to help spread the word about HIV/AIDS prevention and outreach, all the red ribbons that adorn lapels of people in the public eye, and all the media hoopla over the virus haven't stopped my brothers from being infected with, living with, and dying from the evil we have come to know as HIV/AIDS.

The black gay community is experiencing a crisis particularly amongst its youth and young adults when it comes to the spread of the virus, and in order to combat this crisis we must be radical and discuss those things we never discuss, open our eyes to the issues that we care not to see, and listen to what's really going on.

There is no single answer to the question of why the virus is spreading so vigorously among young black gay men; in fact the list of answers could be endless. I will pontificate here on a few of my answers to this most critical question.

The Black gay community is experiencing a crisis amongst its adolescents and young adults when it comes to the spread of HIV/AIDS. Is it because we've chosen to speak no evil, see no evil and hear no evil?

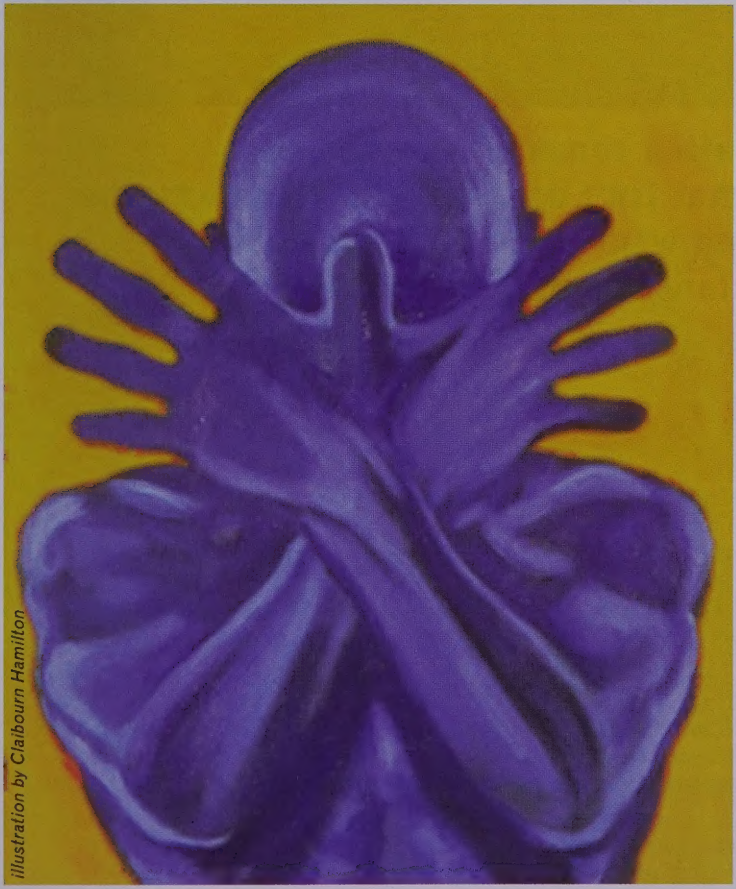


illustration by Claibourn Hamilton

# See No Evil

It can be argued that the traditional message used in prevention and education is not culturally inclusive, and therefore, not effective in the black gay community. Imperative to receiving messages and proper interpretation of them is that the language and images used are reflective of the community. Widespread access to HIV/AIDS prevention and education materials and programs that are linguistically and culturally diverse has yet to come to minorities, especially those who do not dwell in major cities. Young people, like other groups, are prone to respond to images and language with which they can relate and feel a connection.

Connections are very important, and what may be most harmful to the black gay community is the social disconnect of youth and their elders. The social disconnect creates a lack of opportunity to provide history to the next generation. One reason history is important is because it offers an explanation of development and indicates what may happen in the future.

Many of my counterparts, youth and young adults of today, were not around or were too young to witness with their own eyes the devastation and deaths of gay black men during the late '70s and during the '80s. Because we haven't seen the fallout for ourselves, it creates a synthetic distance between the disease and us. For many of us, the disease and plight becomes foreign and not of our time, not a serious threat, and not of our concern.

# Hear No Evil

Our community has been ignoring the cries for help from youth. The majority of young men who have sex with men and are infected with HIV become infected when practicing unsafe sex or when using dirty needles, two high-risk behaviors. High-risk behaviors are typically manifestations of low self-esteem and diminished self-worth.

Behavioral science research tells us that eliminating high-risk behaviors happens in a process of steps in a series of mental, emotional, and then actual behavior change.

In prevention efforts, messages are often communicated on how to use a condom and practice safe sex, but what isn't done is addressing why the person should change his behavior and want to protect himself from sexually transmitted diseases and infections, why he should value his life.

In a society where same-gender loving men of color are often victims of racism, heterosexism, economic disadvantages, and lack of support from their own racial/ethnic community, one can unfortunately understand why an individual would question his self-worth, experience low self-esteem, and as a result participate in high-risk behaviors.

Having sex without a condom is a symptom of a problem, not the problem itself. Until the community addresses mental and emotional triggers for high-risk behaviors among both youth and adults, a perpetual cycle of young men who have sex with men practicing high-risk behaviors will continue.

Illustration by Claibourn Hamilton

**In prevention efforts, messages are often communicated on how to use a condom and practice safe sex, but what isn't done is addressing why the person should change his behavior and want to protect himself from sexually transmitted diseases and infections, why he should value his life.**

Illustration by Claibourn Hamilton

# Speak No Evil

When the CDC releases reports on the state of HIV/AIDS, organizations request more money for programming and charge their development director with raising more money to cover administrative cost.

It's time to ask where did the last money go, and, if organizations want more funding, will they continue the same programs and outreach tactics that haven't shown a decrease in infection rates. It has been said that silence is the deadliest sound. The descendants of the gatekeepers are faced with the most tumultuous task in the history of man: saving lives from being taken by history's most horrendous epidemic. Yet we have failed to become angry and loud enough to demand more accountability.

Being satisfied with knowing that there is an organization doing programming for youth and young men of color is not the same as knowing that they are doing innovative, quality programming and evaluations. Individuals along with the community must hold people accountable for what they say is being done.

We have on occasion refused to call each other out. Trusting that someone else is doing the job, we have become complacent and perhaps aren't doing enough questioning of our own leadership and service organizations. Silence is too expensive a cost to pay for lives that our community does not have to spare.

**The black gay community must now hear, speak, and listen.**

# I'm getting it done AGAIN

**If you don't have the energy to do the things you used to do, ASK YOUR DOCTOR about your red blood cell count.**

You may have anemia.

Feeling good isn't just about viral loads and T-cell counts. HIV and HIV medications (including AZT) can deplete your body's red blood cells and cause anemia. And anemia can make you feel tired and weak. Anemia affects 1 out of 4 people who are HIV+ and 3 out of 4 people with AIDS.

PROCRIT® (Epoetin alfa) is identical to the hormone your body naturally produces to increase your red blood cell count. More red blood cells can mean more energy.

It's a treatment that's been used for over 10 years and for more than 1 million patients. If you think anemia is stopping you from getting things done, ask your doctor if PROCRIT is right for you.

PROCRIT is an effective treatment for anemia induced by AZT-containing regimens in HIV patients. PROCRIT has a proven safety record. In studies, side effects were similar in PROCRIT- and placebo-treated patients. PROCRIT is available only by prescription and is administered by your healthcare provider as an injection. For complete details, see the Brief Prescribing Information on the following page.

PROCRIT®
EPOETIN ALFA
Strength for Living®

For more information, please call **1-888-839-5891** or visit **www.PROCRIT.com**

Manufactured by Amgen Inc., Thousand Oaks, California 91320-1789
Distributed by: **Ortho Biotech Products, L.P.,** Raritan, New Jersey 08869-0670

BRIEF SUMMARY OF PRESCRIBING INFORMATION INDICATED FOR THE TREATMENT OF ANEMIA IN ZIDOVUDINE-TREATED HIV-INFECTED PATIENTS

# PROCRIT®
## EPOETIN ALFA
## For Injection

FOR FULL PRESCRIBING INFORMATION FOR ALL INDICATIONS,
REFER TO THE PHYSICIANS' DESK REFERENCE®

### INDICATIONS AND USAGE

PROCRIT® (Epoetin alfa) is indicated for the treatment of anemia related to therapy with zidovudine in human immunodeficiency virus (HIV)-infected patients. PROCRIT is indicated to elevate or maintain the red blood cell level [as manifested by the hematocrit (HCT) or hemoglobin determinations] and to decrease the need for transfusions in these patients. PROCRIT is not indicated for the treatment of anemia in HIV-infected patients due to other factors such as iron or folate deficiencies, hemolysis or gastrointestinal bleeding, which should be managed appropriately.

PROCRIT, at a dose of 100 U/kg 3 times per week (TIW), is effective in decreasing the transfusion requirement and increasing the red blood cell level of anemic, HIV-infected patients treated with zidovudine, when the endogenous serum erythropoietin level is ≤500 mU/mL and when patients are receiving a dose of zidovudine ≤4200 mg/week.

### CONTRAINDICATIONS

PROCRIT is contraindicated in patients with:

1) Uncontrolled hypertension.
2) Known hypersensitivity to mammalian cell-derived products.
3) Known hypersensitivity to Albumin (Human).

### WARNINGS

**Pediatric Use:** The multidose preserved formulation contains benzyl alcohol. Benzyl alcohol has been reported to be associated with an increased incidence of neurological and other complications in premature infants, which are sometimes fatal. PROCRIT therapy has not been linked to exacerbation of hypertension, seizures, and thrombotic events in HIV-infected patients.

### PRECAUTIONS

The parenteral administration of any biologic product should be attended by appropriate precautions in case allergic or other untoward reactions occur (see CONTRAINDICATIONS). In clinical trials, while transient rashes were occasionally observed concurrently with PROCRIT therapy, no serious allergic or anaphylactic reactions were reported. (See ADVERSE REACTIONS for more information regarding allergic reactions.)

The safety and efficacy of PROCRIT therapy have not been established in patients with a known history of a seizure disorder or underlying hematologic disease (eg, sickle cell anemia, myelodysplastic syndromes, or hypercoagulable disorders).

In some female patients, menses have resumed following PROCRIT therapy; the possibility of pregnancy should be discussed and the need for contraception evaluated.

**Hematology:** Exacerbation of porphyria has been observed rarely in patients with chronic renal failure (CRF) treated with PROCRIT. However, PROCRIT has not caused increased urinary excretion of porphyrin metabolites in normal volunteers, even in the presence of a rapid erythropoietic response. Nevertheless, PROCRIT should be used with caution in patients with known porphyria.

In preclinical studies in dogs and rats, but not in monkeys, PROCRIT therapy was associated with subclinical bone marrow fibrosis. Therefore, zidovudine-treated HIV-infected patients should have HCT measured once a week (QW) until HCT has been stabilized, and measured periodically thereafter.

**Delayed or Diminished Response:** If the patient fails to respond or to maintain a response to doses within the recommended dosing range, the following etiologies should be considered and evaluated: 1) Iron deficiency: Virtually all patients will eventually require supplemental iron therapy (see Iron Evaluation). 2) Underlying infectious, inflammatory, or malignant processes. 3) Occult blood loss. 4) Underlying hematologic diseases (ie, thalassemia, refractory anemia, or other myelodysplastic disorders). 5) Vitamin deficiencies: folic acid or vitamin B12. 6) Hemolysis. 7) Aluminum intoxication. 8) Osteitis fibrosa cystica.

**Iron Evaluation:** During PROCRIT therapy, absolute or functional iron deficiency may develop. Functional iron deficiency, with normal ferritin levels but low transferrin saturation, is presumably due to the inability to mobilize iron stores rapidly enough to support increased erythropoiesis. Transferrin saturation should be at least 20% and ferritin should be at least 100 ng/mL.

Prior to and during PROCRIT therapy, the patient's iron status, including transferrin saturation (serum iron divided by iron binding capacity) and serum ferritin, should be evaluated. Virtually all patients will eventually require supplemental iron to increase or maintain transferrin saturation to levels which will adequately support erythropoiesis stimulated by PROCRIT.

**Drug Interactions:** No evidence of interaction of PROCRIT with other drugs was observed in the course of clinical trials.

**Carcinogenesis, Mutagenesis, and Impairment of Fertility:** Carcinogenic potential of PROCRIT has not been evaluated. PROCRIT does not induce bacterial gene mutation (Ames Test), chromosomal aberrations in mammalian cells, micronuclei in mice, or gene mutation at the HGPRT locus. In female rats treated intravenously (IV) with PROCRIT, there was a trend for slightly increased fetal wastage at doses of 100 and 500 U/kg.

**Pregnancy Category C:** PROCRIT has been shown to have adverse effects in rats when given in doses 5 times the human dose. There are no adequate and well-controlled studies in pregnant women. PROCRIT should be used during pregnancy only if potential benefit justifies the potential risk to the fetus.

In studies in female rats, there were decreases in body weight gain, delays in appearance of abdominal hair, delayed eyelid opening, delayed ossification, and decreases in the number of caudal vertebrae in the F1 fetuses of the 500 U/kg group. In female rats treated IV, there was a trend for slightly increased fetal wastage at doses of 100 and 500 U/kg.

**Nursing Mothers:** Postnatal observations of the live offspring (F1 generation) of female rats treated with PROCRIT during gestation and lactation revealed decreases in body weight gain, delays in appearance of abdominal hair, eyelid opening, and decreases in the number of caudal vertebrae in the F1 fetuses of the 500 U/kg group. It is not known whether PROCRIT is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when PROCRIT is administered to a nursing woman.

**Pediatric Use:** See WARNINGS, Pediatric Use.

*Pediatric HIV-Infected Patients:* Published literature has reported the use of PROCRIT in 20 zidovudine-treated anemic HIV-infected pediatric patients ages 8 months to 17 years, treated with 50 to 400 U/kg subcutaneously (SC) or IV, 2 to 3 times per week (BIW to TIW). Increases in hemoglobin levels and in reticulocyte counts, and decreases in or elimination of blood transfusions were observed.

**Hypertension:** Exacerbation of hypertension has not been observed in zidovudine-treated HIV-infected patients treated with PROCRIT. However, PROCRIT should be withheld in these patients if preexisting hypertension is uncontrolled, and should not be started until blood pressure (BP) is controlled. In double-blind studies, a single seizure has been experienced by a patient treated with PROCRIT.

### ADVERSE REACTIONS

Adverse events reported in clinical trials with PROCRIT in zidovudine-treated HIV-infected patients were consistent with the progression of HIV infection. In double-blind, placebo-controlled studies of 3-months duration involving approximately 300 zidovudine-treated HIV-infected patients, adverse events with an incidence of ≥10% in either patients treated with PROCRIT or placebo-treated patients were:

Percent of Patients Reporting Event: Event followed by Patients Treated With PROCRIT (N=144) first, Placebo-Treated Patients (N=153) second:
Pyrexia 38%, 29%; Fatigue 25%, 31%; Headache 19%, 14%; Cough 18%, 14%; Diarrhea 16%, 18%; Rash 16%, 8%; Congestion, Respiratory 15%, 10%; Nausea 15%, 12%; Shortness of Breath 14%, 13%; Asthenia 11%, 14%; Skin Reaction (Administration Site) 10%, 7%; Dizziness 9%, 10%.

There were no statistically significant differences between treatment groups in the incidence of the above events.

In the 297 patients studied, PROCRIT was not associated with significant increases in opportunistic infections or mortality. In 71 patients from this group treated with PROCRIT at 150 U/kg TIW, serum p24 antigen levels did not appear to increase. Preliminary data showed no enhancement of HIV replication in infected cell lines in vitro.

Peripheral white blood cell and platelet counts are unchanged following PROCRIT therapy.

**Allergic Reactions:** Two zidovudine-treated HIV-infected patients had urticarial reactions within 48 hours of their first exposure to study medication. One patient was treated with PROCRIT and one was treated with placebo (PROCRIT vehicle alone). Both patients had positive immediate skin tests against their study medication with a negative saline control. The basis for this apparent preexisting hypersensitivity to components of the PROCRIT formulation is unknown, but may be related to HIV-induced immunosuppression or prior exposure to blood products.

**Seizures:** In double-blind and open-label trials of PROCRIT in zidovudine-treated HIV-infected patients, 10 patients have experienced seizures. In general, these seizures appear to be related to underlying pathology such as meningitis or cerebral neoplasms, not PROCRIT therapy.

### OVERDOSAGE

The maximum amount of PROCRIT that can be safely administered in single or multiple doses has not been determined. Doses of up to 1500 U/kg TIW for 3 to 4 weeks have been administered to adults without any direct toxic effects of PROCRIT itself. Therapy with PROCRIT can result in polycythemia if the HCT is not carefully monitored and the dose appropriately adjusted. If the suggested target range is exceeded, PROCRIT may be temporarily withheld until the HCT returns to the suggested target range; PROCRIT therapy may then be resumed using a lower dose (see DOSAGE AND ADMINISTRATION). If polycythemia is of concern, phlebotomy may be indicated to decrease the HCT.

### DOSAGE AND ADMINISTRATION

Prior to beginning PROCRIT, it is recommended that the endogenous serum erythropoietin level be determined (prior to transfusion). Available evidence suggests that patients receiving zidovudine with endogenous serum erythropoietin levels >500 mU/mL are unlikely to respond to therapy with PROCRIT.

**Starting Dose:** For adult patients with serum erythropoietin levels ≤500 mU/mL who are receiving a dose of zidovudine ≤4200 mg/week, the recommended starting dose of PROCRIT is 100 U/kg as an IV or SC injection TIW for 8 weeks. For pediatric patients, see PRECAUTIONS, Pediatric Use.

**Increase Dose:** During the dose adjustment phase of therapy, the HCT should be monitored weekly. If the response is not satisfactory in terms of reducing transfusion requirements or increasing HCT after 8 weeks of therapy, the dose of PROCRIT can be increased by 50-100 U/kg TIW. Response should be evaluated every 4-8 weeks thereafter and the dose adjusted accordingly by 50-100 U/kg increments TIW. If patients have not responded satisfactorily to a PROCRIT dose of 300 U/kg TIW, it is unlikely that they will respond to higher doses of PROCRIT.

**Maintenance Dose:** After attainment of the desired response (ie, reduced transfusion requirements or increased HCT), the dose of PROCRIT should be titrated to maintain the response based on factors such as variations in zidovudine dose and the presence of intercurrent infectious or inflammatory episodes. If the HCT exceeds 40%, the dose should be discontinued until the HCT drops to 36%. The dose should be reduced by 25% when treatment is resumed and then titrated to maintain the desired HCT.

### STORAGE

**Store at 2° to 8°C (36° to 46°F). Do not freeze or shake.**

◆

ORTHO BIOTECH

Manufactured by: Amgen Inc., US Lic. # 1080, Thousand Oaks, California 91320-1789
Distributed by: **Ortho Biotech Products, L.P.**, Raritan, New Jersey 08869-0670
December 2000 638-29-979-9BH

# Where Are We One Year after 9-11?

### by Akilah Monifa

It has been one year since the shocking and tragic events of September 11. There is no denying that the loss of lives was tremendous. Most of us have been directly or indirectly impacted, some even emotionally scarred by the constant viewing of death, dying, and destruction that dominated television. I was drawn to the coverage but also careful not to let my young daughter see or hear too much about it. There have been numerous reports of various types of post-traumatic stress disorders resulting from September 11.

Hours after the planes crashed, I remember hearing that nothing would ever be the same again. Fear began to surface in many people, as did patriotism. There were and are American flags everywhere and "God Bless America" has become our national anthem. The post 9-11 changes were immediate and obvious. The most noticeable impact was on air travel. At first there were limits on curbside checking of luggage and greater scrutiny at airport security. The list of items one could not bring aboard a plane was long. Forks and fingernail clippers were among the items initially excluded. The airlines themselves stopped providing plastic knives in coach and many simply eliminated food service altogether.

Additionally, the National Guard became a visible presence in our airports and patrolled other areas, most notably bridges. Backpacks were forbidden in most public spaces like concerts and sporting events. Searching of persons and bags was commonplace. But now, one year later, many of the so-called safety precautions have been relaxed or eliminated.

People of color were excluded from the mass media coverage for the most part. It was as if we were not killed on the planes, at the Pentagon, or in the towers. But we were prominent in other unfortunate ways.

Racial profiling became the norm. Even people of color who had previously denounced racial profiling, particularly when it manifested itself in driving, shopping, or living while black, now seemed in favor of racial profiling. Almost immediately people of Arab descent, Muslims, Southeast Asians, and those who were thought to look like them were profiled as prospective terrorists. People were booted off planes; others would go out of their way to avoid anyone who fit these profiled categories. It was like the old stereotype of a white woman clutching her purse when a black man entered an enclosed space, like an elevator, with her.

Attorney General John Ashcroft and others used the events and the fear of some Americans as an opportunity to limit our civil rights and liberties. Sweeping so-called anti-terror bills were implemented and terms like FWB (flying while brown) or FWA (flying while Arab) came into prominence.

Ashcroft said that the objective of the anti-terror legislation was to take suspected terrorists off the streets. But the problem is that the legislation is in conflict with the Constitution. The American Civil Liberties Union and others are rightly concerned about the effect the legislation will have in the form of unconstitutional searches and punishment.

**According to the ACLU, here are but a few ways that the legislation will infringe upon our civil rights and liberties:**

1. Ashcroft will have the power to detain non-citizens based on mere suspicion, and to deny readmission to the United States to non-citizens (including lawful permanent residents) for engaging in speech previously protected by the First Amendment.

More than 1,000 suspects have been arrested in connection with the September 11 attacks, and the vast majority of them are still in custody. Pursuant to the legislation, immigrants suspected of terrorist activities can be detained for seven days without charges and, in some cases, held an additional six months.

> The greatest act of patriotism and honoring those who lost their lives on 9-11 would be to overcome our fears while demanding to maintain our civil rights and civil liberties.

2. There will be minimal judicial supervision of telephone and internet surveillance by law-enforcement authorities in anti-terrorism investigations and in routine criminal investigations unrelated to terrorism. A possible consequence will be rampant eavesdropping on telephone, email, and internet conversations.

3. The government now has expanded powers to conduct secret searches both in terrorism and non-terrorism cases. They can enter your home when you're not there, and not tell you about it until much later.

4. Ashcroft and the secretary of state will have the power to designate domestic groups as terrorist organizations and block any non-citizen who belongs to them from entering the country. Mere membership can be a deportable offense.

5. The FBI can have access to all sorts of records--business, medical, educational—without first getting a court order.

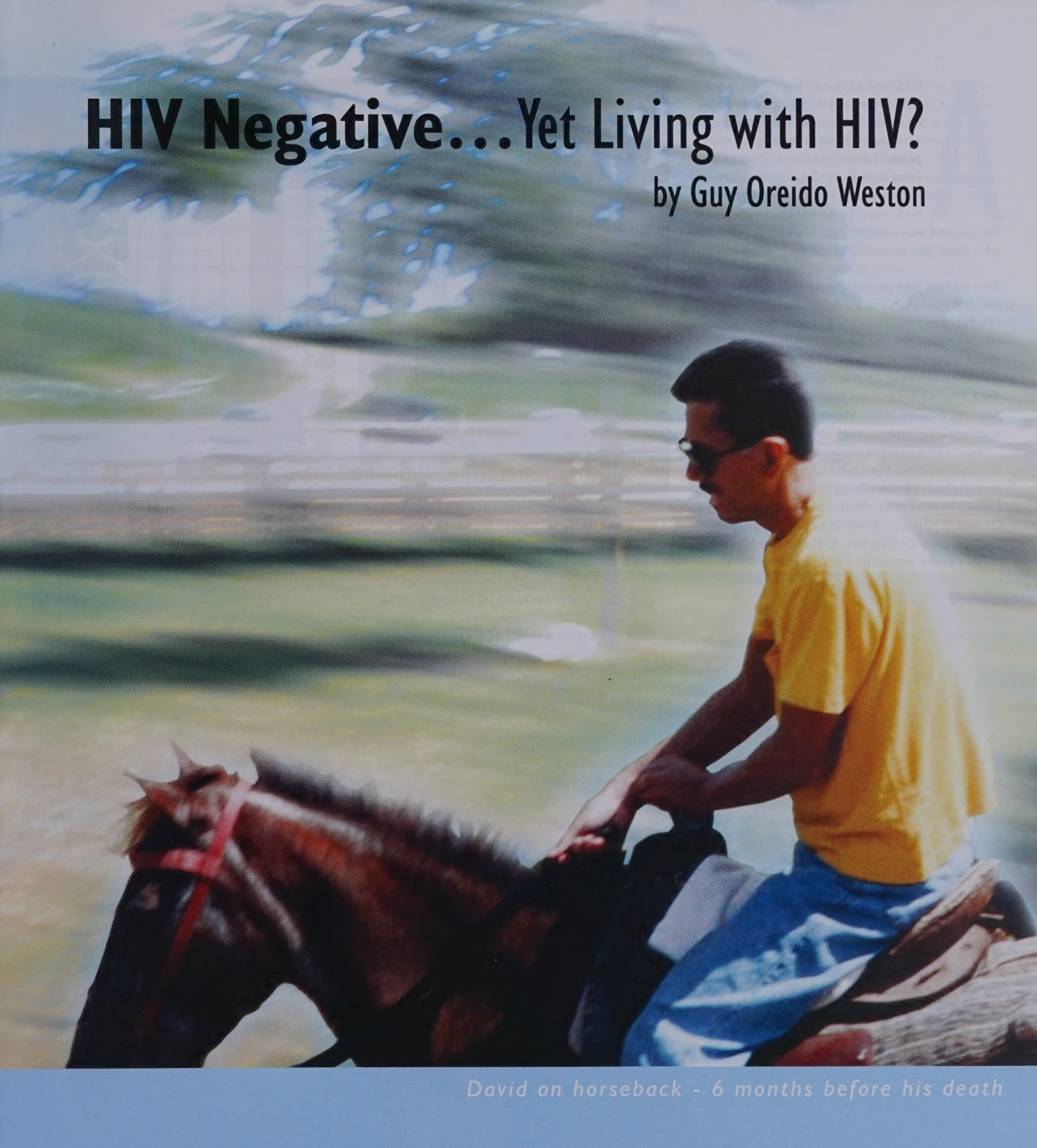
6. The definition of "domestic terrorism" is so broad that people who engage in acts of political protest could be subjected to wire-tapping and enhanced penalties.

"We have fought too hard for our civil rights and civil liberties to let them be taken away in the name of Osama bin Laden," said Rep. Jesse Jackson Jr., D-Illinois.

Jackson is right. We should not let our fears stand in the way of our principles. We must stand up for our rights and liberties. The loss of lives on 9-11 was truly tragic. But this and our fears should not give way to racial profiling and the loss of civil rights and civil liberties. Unfortunately, we can't undo the events of 9-11, but nor should we compound them. Undoubtedly there will be numerous tributes and remembrances and memorials on the anniversary of 9-11. That is fitting and apt. But the impact of 9-11 extends beyond the anniversary of that day. One can be patriotic and still hold fast to the Constitution and reject racial profiling. In fact, the greatest act of patriotism and honoring those who lost their lives on 9-11 would be to overcome our fears while demanding to maintain our civil rights and civil liberties. We are, after all, the "land of the free and the home of the brave."

# HIV Negative...Yet Living with HIV?

### by Guy Oreido Weston



*David on horseback - 6 months before his death*

AIDS was very much a mystery in 1986, at least for the general public. I had learned a little about it as a reporter for a local gay newspaper. Less than a year before, the Food and Drug Administration had licensed the first HIV antibody test. I was very curious about AIDS, just as I was very curious about people who were gay or lesbian twenty-four seven.

Since I had just recently emerged into center-city Philadelphia from an "insulated life in the suburbs," I didn't think it was possible for HIV to touch me. Being the inquisitive soul that I was, I needed to find out more about it. The idea of being on the Philadelphia AIDS Task Force's education committee was appealing. I could learn about AIDS and become a community resource, I thought.

When I reached the Task Force's volunteer recruitment meeting, I didn't know a single soul. I was also the only person of color present. One of the first agenda items was a medical update, provided by two gay physicians. A lot of people began to ask questions. I was also curious, so I chimed in. I guess I asked the right ones. When the meeting was over, one of the two presenting physicians, who also happened to be the Task Force president, made a beeline over to my end of the table. After some initial small talk, our conversation turned into an informal job interview. I realized I was being considered for a job in the city health department's AIDS program. I was shocked, but exhilarated. What did I know about AIDS? A little more than the average gay man, a lot more than the average American. However, at that time few people outside of health care workers specializing in AIDS care knew much more.

> *The decision to have my name appear in print in a gay publication had been a recent "calculated risk," as I did not want my full-time employers to know. Suddenly being gay was an asset that facilitated a new career.*

About six weeks later, I went to work as an AIDS surveillance officer in the Philadelphia Department of Public Health. The entire AIDS program consisted of two and a half staff people, including me.

So many moments filled in this room

This was the beginning of a new career that would forever change my life. At twenty-seven, I was a former-Baptist-minister-turned-linguist who moonlighted as a reporter for gay newspapers. The decision to have my name appear in print in a gay publication had been a recent "calculated risk," as I did not want my full-time employers to know. Suddenly being gay was an asset that facilitated a new career.

This new career would also violate conventional professional boundaries by intersecting with my relationship with David. We met in a club called Equus on July 24, 1986. He was soft and slender and a hard-working family-centered man. We clicked instantly. We were both homebodies who liked family life, loved to travel, and wanted more than anything to establish our family home. Every week we gathered with his brothers and their families for Sunday dinner at his parents' house. Eventually we traveled to his native Puerto Rico every year, sometimes twice. For the first time, I got to return to one of the many communities I grew up in as a military dependent. This may seem mundane to some, but if you spend a childhood gallivanting the globe, it is very significant. It seemed like everything David and I did together was new and special.

When he wasn't feeling well about a year and a half after we met, I took David to a physician friend. Although David did not have any illness that was life threatening or indicative of immune suppression, my "friend" decided to do an HIV test without real pre-test counseling. I was furious. I'd tested negative before. David and I had promised to get tested together the next time. Unaware of the politics of HIV testing in 1988, David seemed unfazed by the whole incident. At least until he went back for his results and found out he was HIV positive. Then he was furious. Initially, this news caused a strain on our relationship. He thought we should break up, but I saw no reason to. Perhaps unrealistically, I was not fearful of becoming infected. He was afraid he would affect me or become a burden. We got through that initial shock without many scars.

David remained asymptomatic throughout most of his seven years of knowing he had HIV. We eventually left Philadelphia and I began working in an HIV primary care clinic. Everything that I learned at work came home. I learned when to call the doctor on the weekends and when to wait until Monday, how to manage medication side effects, which symptoms were likely to be medication side effects as opposed to HIV-related illness. I followed the state of the art of HIV antiviral therapy and preventive treatments against opportunistic infections. This was sometimes quite a feat, since we were now living and working in a suburb with no connection to a gay community.

David had relatively few hospitalizations while living with HIV. As recently as six months before his death, we were in Puerto Rico riding horses, swimming on the virgin beaches of the island of Culebra, and gallivanting around the main island as if there were no tomorrow.

I was surprised; David liked to enjoy himself, but he was excessively thrifty. We did more in this two-week trip than ever before. He appeared healthy. People were shocked that he'd had a T-cell count of ten for the past two years, that he had HIV at all. David must have known that time was getting short.

> *I learned when to call the doctor on the weekends and when to wait until Monday, how to manage medication side effects, which symptoms were likely to be medication side effects as opposed to HIV-related illness.*

Two months after that last trip to Puerto Rico, David began to deteriorate rapidly. When he could no longer be confident of his energy level, he began to spend too much time at home alone. That Christmas, he managed to drive around and do all of his shopping independently. He tried very hard to be excited about Christmas, and he pulled it off. That was the last time he drove his car.

A few weeks later, I quit work to spend more time with him at home. I tried working just a few hours a week as a consultant, but it seemed like the five or ten hours I chose to work in a given week were the very hours he needed me at home. By February, he had been hospitalized once and could no longer stay home alone. He reluctantly agreed to have a visiting nurse.

One day David complained that he needed to go to the dentist. I made an appointment for him at a special dental clinic, and all he received was routine cleaning and x-rays. Apparently, his platelet count was too low to withstand a dentist poking around in his mouth. As a result, it seemed his mouth never stopped bleeding. This began a series of illnesses and hospitalizations that finally ended on March 12, 1995.

I had gone to the hospital early that Sunday because I wanted to spend some extra time with him. At about 1:20 p.m., I gave him a bath and we talked about things we would do when he felt better. Based on the vibes I was getting from his doctors, I had begun to wonder if he would get better.

*Guy and David inPuerto Rico*

David and I were still talking about a half-hour later when he said he wanted to lie on his side but couldn't get comfortable. I helped him get comfortable and we continued to talk. Suddenly he had some kind of seizure. I called for help. Nurses and doctors came running. At some point during all of this, David's brother and sister-in-law arrived. The nurse sent me out to greet them, but wouldn't let anyone else in the room. David's best friend walked up with a "what's all the commotion" look on his face. I shook my head, and the four of us embraced.

At 2:10 p.m., the doctor pronounced him dead.

At 1:49, David and I were enjoying small talk. At 2:10, he departed this life.

***Almost simultaneously, my work life and my home life had disappeared.***

The funeral was hard. My mother, who had recovered from chronic homophobia just a few years before, was a perfect "mother of the widower." She and her church friends organized the repast and served the food. My mother prayed a prayer of consolation during the funeral service. Three years before, she had barely been cordial; after we built our home, she and David became great friends. She hadn't known of his illness until just a few months before.

This was a culmination of the most difficult period of my life. David and I had been loners by choice and perfectly content with each other's company. We chose not to have many close friends. Most of my friends had been colleagues. Since I worked in another city, those connections were lost when I quit work three months before. Growing up in four other countries and five states, I've never really felt I had any deep roots anywhere. That had never bothered me before, but suddenly it seemed like I'd lost my personal sense of belonging. Almost simultaneously, my work life and my home life had disappeared.

I retreated into my house. I did extensive landscaping, added a carport, and built a fence to establish boundaries between myself and the rest of the world. I bought a new stereo and attempted to drown myself in loud music. The sultry emotion and energy of Patti, Aretha, and Jennifer Holiday played loud enough to almost crack my speakers carried me through. Gloria Estefan reminded me of David. Fortu-nately, my closest neighbor is almost a block away. To this day, I find solace in Aretha, Patti, Jennifer, and Gloria. My brothers-in-law, my own family, and one good friend were there when I needed them, but I usually wanted to be alone.

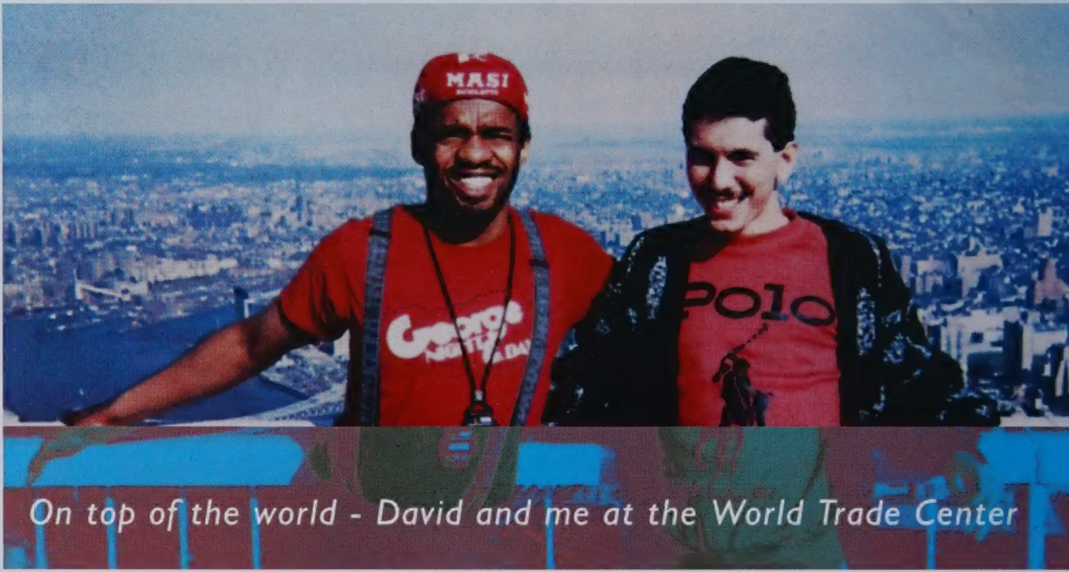
Eventually I went back to work in HIV/AIDS services. I thought I would be excited about the idea of working in the gay community again, but excitement is not how I would describe the experience of working there. I often felt dislocated. Some black colleagues have said things like "if they didn't cut off his d—, he's still a black man" to refute the idea that we should have targeted services for transgendered people. One year we waged a war to get a purported African-American planning group to simply use the word gay or lesbian in an HIV services planning document. We lost that battle.

And many white colleagues have complained that prioritizing funding to agencies that are indigenous to heavily impacted communities is unfair affirmative action. When, to clarify this most devastating impact of HIV/AIDS on black women, we cite data indicating that the rate of AIDS cases in black women is ten times higher than in white women, somehow we're playing negative racial politics. These are common examples of the conflict that we face daily in the HIV/AIDS services planning arena.

In the middle of all this, I had a date with a guy I didn't know very well. We stopped by my house en route to our destination so I could change. He asked who the guy was in the pictures with me on an end table in my living room. I explained that he was David, and who David had been. My date couldn't believe that I was not also HIV positive. Almost immediately, he asked to be taken back to the train station, having been to my house for only twenty minutes.

Later that week, I penned the following words:

*White Racism … … … Black Homophobia*
*I deny myself … … … Which one today*
*White racists and Black homophobes*
*Both kill me with flattering words.*
*Black homophobia: There's no need to mention LGBT*
*White racists: Why do you need special treatment?*
*White racism: Keep the system intact. We created it.*
*We deserve it.*
*Black homophobes: If they didn't cut of her d— yet,*
*she's still a black man.*
*Black homophobia: Homosexuality is a*
*Eurocentric concept.*
*White racism and Black homophobia: "If you*
*weren't so militant, we could all get along."*
*Black and White AIDSphobia:*
*You say you're HIV negative and your ex died of AIDS?*
*I'm sorry. I have to leave now.*



On top of the world - David and me at the World Trade Center

# Sista Hud

## a profile of Ms. Darlene Hudson

by Craig Washington

from Little Rock to Atlanta, this freedom rider's path etches a nexus of liberation struggles across the Dixie landscape. She is an openly lesbian activist who traverses both the hetero and gay sectors of black society. Darlene Hudson is a quintessential daughter of the dust whose life and work demonstrate the possibility of us being ourselves and staying connected to our people.

Ever since her Girl Scout days towing her sister piggyback to school in rural Fordyce, Arkansas, Darlene was known as one dedicated to helping others. She was raised by her grandparents, who owned a juke joint, until her mother, Barbara Galvin, relocated the family to Little Rock. The Church of God in Christ (COGIC) yielded her first formal "coming out" to society. "They all loved 'Sista Hud,'" COGIC's former choir director recalls. "They trusted me." When the state health department hired her as a health educator, she utilized her ties to the church to reach the least-served pockets of rural Arkansas. When the big disease with the little name was still largely unspoken, she untied tongues and unyoked hearts one congregation at a time. Then Sista Hud fell in love with a fellow member of the church, another sister. Until then she had not accepted her sexual orientation, but soon after her discovery, she went to the bishop and shared her news. "I wanted him to know because I knew he loved me. I don't know if the community could have embraced my gayness if they hadn't learned to love me as Darlene."

> “Black gays didn’t have anybody come to our neighborhoods to teach us.
>
> [We got] only hearsay, and the hearsay was that so-and-so was sick or dead.”
>
> —Darlene Hudson, on providing AIDS education in Arkansas in the late ’80s]

In 1988, while white gays had access to AIDS education and condoms, "black gays didn't have anybody come to our neighborhoods to teach us. [We got] only hearsay, and the hearsay was that so-and-so was sick or dead." She began working with a circle of sistas to educate LGBTs about such health concerns as HIV, breast cancer, and cervical cancer. Hudson helped acquire resources for the group. Soon after brothers noticed their safer sex tables at the clubs and joined them, they named themselves Brothas and Sistas (B&S). The organization later formalized as a non-profit organization that offered health education, social support, and safety for those who could not or would not pass as heterosexual. To this day, B&S is the only organization in the state of Arkansas that is for us by us.

During a recent working visit to Little Rock, I joined a B&S outreach table for a once-a-month event. Both new and veteran members spoke with reverence and high humor about their since-relocated founder who still offers assistance from Atlanta.

"I laid foot on the Georgia red clay in 1998," says Sista Hud. And she's been on the trail ever since. Like many of her fellow organizers, Darlene wears a few hats in order to fulfill her commitment to a full expanse of service. Shortly upon arrival, she became a Healthy Love project educator with Sisterlove, Atlanta's first black women's AIDS organization. It was there that she helped foster a Pan-African exchange of education and support services between sisters from the States and South Africa.

"My trip there was an awakening, a rejuvenation. I had to learn how to address safer sex and relationships in a South African context. We also talked about gay and lesbian organizing." Throughout the colorful cadre of local gay organizers and HIV activists, she is distinguished by her ability to cut to the chase and her consistent advocacy of the underprivileged. She volunteers her skills as member of In The Life Atlanta's planning committee, helping to coordinate the 2002 Atlanta Black Gay Pride. To pay the bills, she is currently conducting interviews with HIV-positive women from eleven states to assist a research project with Project Azuka, a black AIDS agency based in Savannah. She is also a part-time youth program coordinator for the Southwest Family YMCA, a branch that emphasizes community-building activities. In keeping with such values, last year, Ms. Hudson took her kids to visit the Birmingham Civil Rights Museum and participate in both AIDS Walk Atlanta and the first "Stand Up and Represent" Black Gay Pride march. "I teach inclusion and acceptance of people," she says, accentuating the last word. "I'm balanced in my approach to doing my part for my community."

"When more people like me continue to be in the traditional black places like the Y, they see us," says Hudson. She is an increasingly active member one of Atlanta's most storied neighborhood associations. East Lake is an in-town enclave that for decades has served as home to generations of poor and working class blacks and, recently, an influx of gays, some of whom are black and very out. Like Darlene and her partner, Stephanie, these gays don't isolate in white gay ghettoes, nor do they try to comfortably assimilate in the hood by passing as straight. This particular demographic blend is an increasing trend spreading across the city that self-promotes as "too busy to hate." It may be that black Atlantans are being nudged to accept or reconcile with those who don't flash gender neutral pronouns as futile invisibility shields which ironically highlight the very aspects they are meant to veil. It is this self-placement in our own villages as uncloseted neighbors that may induce further shifts in black cultural attitudes about sexuality and sexual identity.

This growth of acceptance is likely more typical of a minority of large southern cities (which are magnets for gay and straight-but-not-narrow transplants) than the small or rural towns that make up most of the Bible Belt. Darlene is quick to mark the differences of identity and experience of Atlantans and their double kin throughout the rest of the region. "When you come outta Atlanta, that's another kind of people. They're not all country bumpkins. Some work in the hotels and the White Castles and the farms. It's like they're waiting to hear that it's okay to be gay. A lot of the gay professionals just wanna make sure those car notes are paid."

As a friend and co-worker, I remain in awe of my straight-no-chaser comrade. In the face of her stalwart dedication, I am embarrassed by my mercurial faith in our movement and our people. "Some people say, 'oh that's horrible,' but never do a thing to address it. It all springs from within me. It's centered around my spirituality. I just do my part, from a real concern that moves to a solution. I can't tell you that I've changed anything other than my diet."

# WHAT KALETRA HAS TO OFFER MAY SURPRISE YOU

ASK YOUR DOCTOR ABOUT
kaletra®
(lopinavir/ritonavir)
FOR THE TREATMENT OF HIV

KALETRA is indicated for the treatment of HIV infection in combination with other antiretroviral agents in patients 6 months of age or older. KALETRA does not cure HIV infection or AIDS and does not reduce the risk of passing of HIV to others.

**Safety Information**

KALETRA should not be taken if you have had an allergic reaction to KALETRA or any of its ingredients.

KALETRA must not be taken with certain drugs due to the potential for serious and/or life-threatening side effects. Discuss all medicines, including those without a prescription and herbal preparations, you are taking or plan to take with your doctor or pharmacist.

Pancreatitis and liver problems, which may cause death, have been reported in patients receiving KALETRA. Tell your doctor if you have or have had liver disease such as hepatitis. Your doctor may want to monitor your liver function. In patients taking protease inhibitors, increased bleeding (in patients with hemophilia) and diabetes/high blood sugar have occurred. Changes in body fat have been seen in some patients receiving antiretroviral therapy. Some patients receiving KALETRA have had large increases in triglycerides and cholesterol.

The most commonly reported side effects of moderate or severe intensity are: abnormal bowel movements, diarrhea, feeling weak or tired, headache, and nausea. Children most often reported diarrhea, rash, taste aversion, and vomiting.

KALETRA oral solution contains alcohol.

www.kaletra.com

Please see adjacent page for Patient Information.

Abbott Laboratories
Abbott Park, IL 60064

©2002 Abbott Laboratories 02D-036-3533-1 May 2002 Printed in USA

# KALETRA™
# (lopinavir/ritonavir) capsules
# (lopinavir/ritonavir) oral solution

**ALERT: Find out about medicines that should NOT be taken with KALETRA.** Please also read the section "MEDICINES YOU SHOULD NOT TAKE WITH KALETRA."

## Patient Information

## KALETRA™
## (kuh-LEE-tra)

Generic Name: lopinavir/ritonavir
(lop-IN-uh-veer/rit-ON-uh-veer)

Read this leaflet carefully before you start taking KALETRA. Also, read it each time you get your KALETRA prescription refilled, in case something has changed. This information does not take the place of talking with your doctor when you start this medicine and at check ups. Ask your doctor if you have any questions about KALETRA.

### What is KALETRA and how does it work?

KALETRA is a combination of two medicines. They are lopinavir and ritonavir. KALETRA is a type of medicine called an HIV (human immunodeficiency virus) protease (PRO-tee-ase) inhibitor. KALETRA is always used in combination with other anti-HIV medicines to treat people with human immunodeficiency virus (HIV) infection. KALETRA is for adults and for children age 6 months and older.

HIV infection destroys CD4 (T) cells, which are important to the immune system. After a large number of T cells are destroyed, acquired immune deficiency syndrome (AIDS) develops.

KALETRA blocks HIV protease, a chemical which is needed for HIV to multiply. KALETRA reduces the amount of HIV in your blood and increases the number of T cells. Reducing the amount of HIV in the blood reduces the chance of death or infections that happen when your immune system is weak (opportunistic infections).

### Does KALETRA cure HIV or AIDS?

**KALETRA does not cure HIV infection or AIDS. The long-term effects of KALETRA are not known at this time. People taking KALETRA may still get opportunistic infections or other conditions that happen with HIV infection. Some of these conditions are pneumonia, herpes virus infections, and *Mycobacterium avium* complex (MAC) infections.**

### Does KALETRA reduce the risk of passing HIV to others?

KALETRA does not reduce the risk of passing HIV to others through sexual contact or blood contamination. Continue to practice safe sex and do not use or share dirty needles.

### How should I take KALETRA?

- You should stay under a doctor's care when taking KALETRA. Do not change your treatment or stop treatment without first talking with your doctor.
- You must take KALETRA every day exactly as your doctor prescribed it. The dose of KALETRA may be different for you than for other patients. Follow the directions from your doctor, exactly as written on the label.
- Dosing in adults (including children 12 years of age and older): The usual dose for adults is 3 capsules (400/100 mg) or 5.0 mL of the oral solution twice a day (morning and night), in combination with other anti-HIV medicines.
- Dosing in children from 6 months to 12 years of age: Children from 6 months to 12 years of age can also take KALETRA. The child's doctor will decide the right dose based on the child's weight.
- Take KALETRA with food to help it work better.
- Do not change your dose or stop taking KALETRA without first talking with your doctor.
- When your KALETRA supply starts to run low, get more from your doctor or pharmacy. This is very important because the amount of virus in your blood may increase if the medicine is stopped for even a short time. The virus may develop resistance to KALETRA and become harder to treat.
- Be sure to set up a schedule and follow it carefully.
- Only take medicine that has been prescribed specifically for you. Do not give KALETRA to others or take medicine prescribed for someone else.

### What should I do if I miss a dose of KALETRA?

It is important that you do not miss any doses. If you miss a dose of KALETRA, take it as soon as possible and then take your next scheduled dose at its regular time. If it is almost time for your next dose, do not take the missed dose. Wait and take the next dose at the regular time. Do not double the next dose.

### What happens if I take too much KALETRA?

If you suspect that you took more than the prescribed dose of this medicine, contact your local poison control center or emergency room immediately.

As with all prescription medicines, KALETRA should be kept out of the reach of young children. KALETRA liquid contains a large amount of alcohol. If a toddler or young child accidentally drinks more than the recommended dose of KALETRA, it could make him/her sick from too much alcohol. Contact your local poison control center or emergency room immediately if this happens.

### Who should not take KALETRA?

Together with your doctor, you need to decide whether KALETRA is right for you.

- Do not take KALETRA if you are taking certain medicines. These could cause serious side effects that could cause death. Before you take KALETRA, you must tell your doctor about all the medicines you are taking or are planning to take. These include other prescription and non-prescription medicines and herbal supplements.

For more information about medicines you should not take with KALETRA, please read the section titled "MEDICINES YOU SHOULD NOT TAKE WITH KALETRA."

- Do not take KALETRA if you have an allergy to KALETRA or any of its ingredients, including ritonavir or lopinavir.

### Can I take KALETRA with other medications?*

KALETRA may interact with other medicines, including those you take without a prescription. You must tell your doctor about all the medicines you are taking or planning to take before you take KALETRA.

### MEDICINES YOU SHOULD NOT TAKE WITH KALETRA:

- Do not take the following medicines with KALETRA because they can cause serious problems or death if taken with KALETRA.
  - Dihydroergotamine, ergonovine, ergotamine and methylergonovine such as Cafergot®, Migranal®, D.H.E. 45®, Ergotrate Maleate, Methergine, and others
  - Halcion® (triazolam)
  - Hismanal® (astemizole)
  - Orap® (pimozide)
  - Propulsid® (cisapride)
  - Rythmol® (propafenone)
  - Seldane® (terfenadine)
  - Tambocor™ (flecainide)
  - Versed® (midazolam)
- Do not take KALETRA with rifampin, also known as Rimactane®, Rifadin®, Rifater®, or Rifamate®. Rifampin may lower the amount of KALETRA in your blood and make it less effective.
- Do not take KALETRA with St. John's wort (hypericum perforatum), an herbal product sold as a dietary supplement, or products containing St. John's wort. Talk with your doctor if you are taking or planning to take St. John's wort. Taking St. John's wort may decrease KALETRA levels and lead to increased viral load and possible resistance to KALETRA or cross-resistance to other anti-HIV medicines.
- Do not take KALETRA with the cholesterol-lowering medicines Mevacor® (lovastatin) or Zocor® (simvastatin) because of possible serious reactions. There is also an increased risk of drug interactions between KALETRA and Lipitor® (atorvastatin); talk to your doctor before you take any of these cholesterol-reducing medicines with KALETRA.

### Medicines that require dosage adjustments:

It is possible that your doctor may need to increase or decrease the dose of other medicines when you are also taking KALETRA. Remember to tell your doctor all medicines you are taking or plan to take.

**Before you take Viagra® (sildenafil) with KALETRA, talk to your doctor about problems these two medicines can cause when taken together. You may get increased side effects of VIAGRA, such as low blood pressure, vision changes, and penis erection lasting more than 4 hours. If an erection lasts longer than 4 hours, get medical help right away to avoid permanent damage to your penis. Your doctor can explain these symptoms to you.**

- If you are taking oral contraceptives ("the pill") to prevent pregnancy, you should use an additional or different type of contraception since KALETRA may reduce the effectiveness of oral contraceptives.
- Efavirenz (Sustiva™) or nevirapine (Viramune®) may lower the amount of KALETRA in your blood. Your doctor may increase your dose of KALETRA if you are also taking efavirenz or nevirapine.
- If you are taking Mycobutin® (rifabutin), your doctor will lower the dose of Mycobutin.
- **A change in therapy should be considered if you are taking KALETRA with:**
  Phenobarbital
  Phenytoin (Dilantin® and others)
  Carbamazepine (Tegretol® and others)
  These medicines may lower the amount of KALETRA in your blood and make it less effective.
- **Other Special Considerations:**
  KALETRA oral solution contains alcohol. Talk with your doctor if you are taking or planning to take metronidazole or disulfiram. Severe nausea and vomiting can occur.
- **If you are taking both didanosine (Videx®) and KALETRA:**
  Didanosine (Videx®) should be taken one hour before or two hours after KALETRA.

### What are the possible side effects of KALETRA?

- This list of side effects is **not** complete. If you have questions about side effects, ask your doctor, nurse, or pharmacist. You should report any new or continuing symptoms to your doctor right away. Your doctor may be able to help you manage these side effects.
- The most commonly reported side effects of moderate severity that are thought to be drug related are: abnormal stools (bowel movements), diarrhea, feeling weak/tired, headache, and nausea. Children taking KALETRA may sometimes get a skin rash.
- Blood tests in patients taking KALETRA may show possible liver problems. People with liver disease such as Hepatitis B and Hepatitis C who take KALETRA may have worsening liver disease. Liver problems including death have occurred in patients taking KALETRA. In studies, it is unclear if KALETRA caused these liver problems because some patients had other illnesses or were taking other medicines.
- Some patients taking KALETRA can develop serious problems with their pancreas (pancreatitis), which may cause death. You have a higher chance of having pancreatitis if you have had it before. Tell your doctor if you have nausea, vomiting, or abdominal pain. These may be signs of pancreatitis.
- Some patients have large increases in triglycerides and cholesterol. The long-term chance of getting complications such as heart attacks or stroke due to increases in triglycerides and cholesterol caused by protease inhibitors is not known at this time.
- Diabetes and high blood sugar (hyperglycemia) occur in patients taking protease inhibitors such as KALETRA. Some patients had diabetes before starting protease inhibitors, others did not. Some patients need changes in their diabetes medicine. Others needed new diabetes medicine.
- Changes in body fat have been seen in some patients taking antiretroviral therapy. These changes may include increased amount of fat in the upper back and neck ("buffalo hump"), breast, and around the trunk. Loss of fat from the legs, arms and face may also happen. The cause and long term health effects of these conditions are not known at this time.
- Some patients with hemophilia have increased bleeding with protease inhibitors.
- There have been other side effects in patients taking KALETRA. However, these side effects may have been due to other medicines that patients were taking or to the illness itself. Some of these side effects can be serious.

### What should I tell my doctor before taking KALETRA?

- *If you are pregnant or planning to become pregnant:* The effects of KALETRA on pregnant women or their unborn babies are not known.
- *If you are breast-feeding:* Do not breast-feed if you are taking KALETRA. You should not breast-feed if you have HIV. If you are a woman who has or will have a baby, talk with your doctor about the best way to feed your baby. You should be aware that if your baby does not already have HIV, there is a chance that HIV can be transmitted through breast-feeding.
- *If you have liver problems:* If you have liver problems or are infected with Hepatitis B or Hepatitis C, you should tell your doctor before taking KALETRA.
- *If you have diabetes:* Some people taking protease inhibitors develop new or more serious diabetes or high blood sugar. Tell your doctor if you have diabetes or an increase in thirst or frequent urination.
- *If you have hemophilia:* Patients taking KALETRA may have increased bleeding.

### How do I store KALETRA?

- Keep KALETRA and all other medicines out of the reach of children.
- Refrigerated KALETRA capsules and oral solution remain stable until the expiration date printed on the label. If stored at room temperature up to 77°F (25°C), KALETRA capsules and oral solution should be used within 2 months.
- Avoid exposure to excessive heat.

Do not keep medicine that is out of date or that you no longer need. Be sure that if you throw any medicine away, it is out of the reach of children.

### General advice about prescription medicines:

Talk to your doctor or other health care provider if you have any questions about this medicine or your condition. Medicines are sometimes prescribed for purposes other than those listed in a Patient Information Leaflet. If you have any concerns about this medicine, ask your doctor. Your doctor or pharmacist can give you information about this medicine that was written for health care professionals. Do not use this medicine for a condition for which it was not prescribed. Do not share this medicine with other people.

* The brands listed are trademarks of their respective owners and are not trademarks of Abbott Laboratories. The makers of these brands are not affiliated with and do not endorse Abbott Laboratories or its products.

Ref.: 03-5177-R6

Revised: January, 2002

02C-036-3240-1 **MASTER**

ABBOTT LABORATORIES
NORTH CHICAGO, IL 60064, U.S.A.

02D-036-3533-1
PRINTED IN U.S.A.

## Be a Part of History

# A Journey Home

with ARISE Magazine and MyFreedomTour.com to

Johannesburg & Capetown, South Africa,

November 5–15, 2002

> ***ARISE Magazine** is born out of the stuff that challenges us to reexamine what we thought we knew, to raise the stakes a little higher and pursue a dream that almost seems beyond our reach. We recognize that to ARISE, one must be willing to move higher in the knowledge of self and the world around us...*
> —Editor's Letter, ARISE Premiere Issue, November 2000

This November 5–15, 2002, ARISE Magazine, in association with MyFreedomTour.com, will make history. Our goal is to travel with two hundred sexually diverse people of African Descent for "A Journey Home" to Johannesburg and Capetown, South Africa. Guests will be afforded all the comfort, intrigue, and spectacular beauty that should accompany global travel.

Guests can participate in the South African International LGBT Film Festival and visit South Africa's historic sites, wine region, islands, and nature preserves in a selection of fascinating ground tours arranged for your entertainment, all included in the cost of the tour.

This trip may cause you to recall a forgotten dream, embrace a distant vision, or possibly redefine your purpose in life. Join us on this Journey Home, to see, taste, touch, and feel what South Africa has to offer. The Journey Home promises to be a time of deep fulfillment and personal reflection.

Join us. For more information check out *www.myfreedomtour.com/capetown/tourinfo.html* or *www.arisemag.com*.

Sincerely,

MacArthur H Flournoy

MacArthur H. Flournoy
Publisher
ARISE Magazine

G. Alexander

Glenn Alexander
Publisher
ARISE Magazine

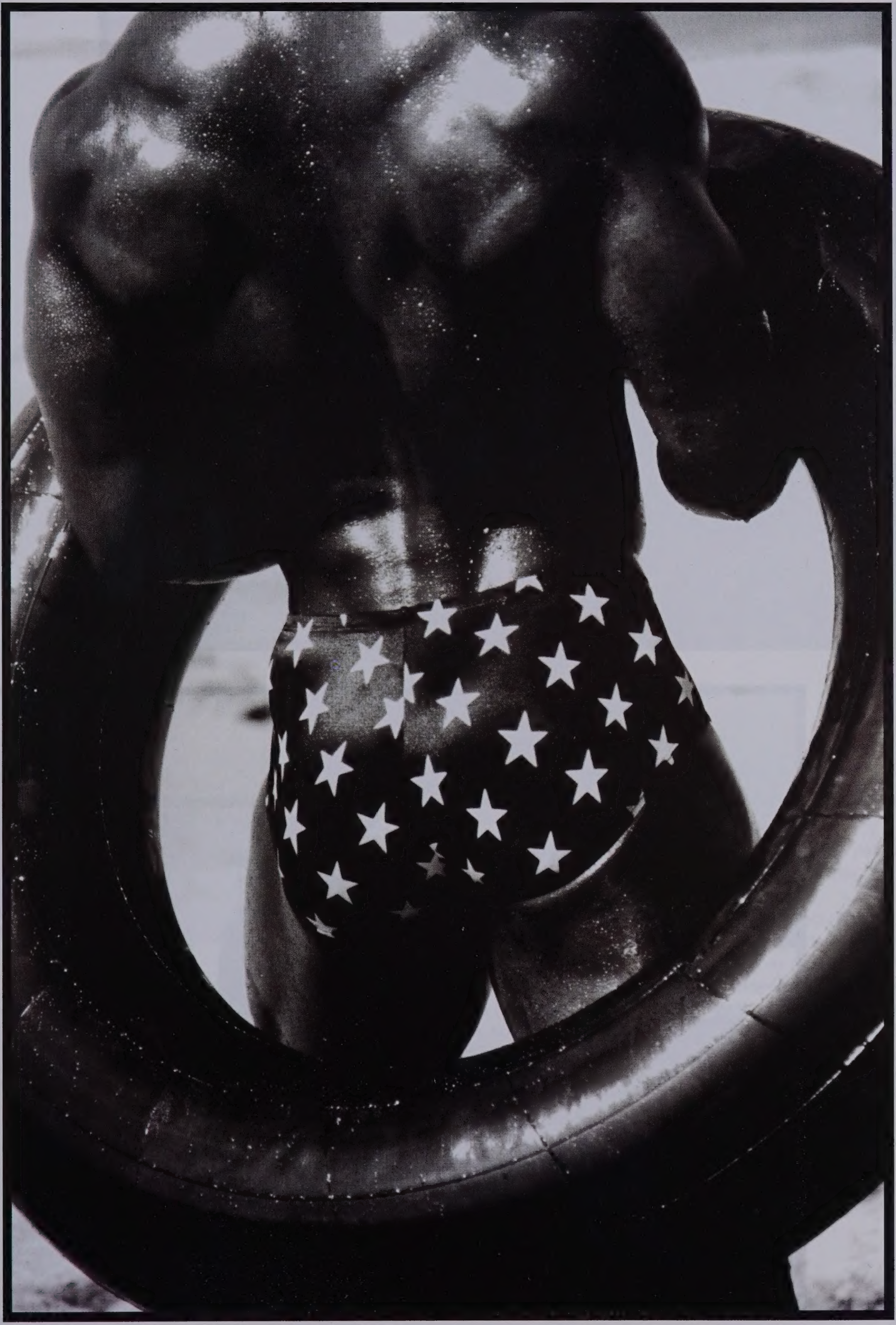
# Greg McNeal

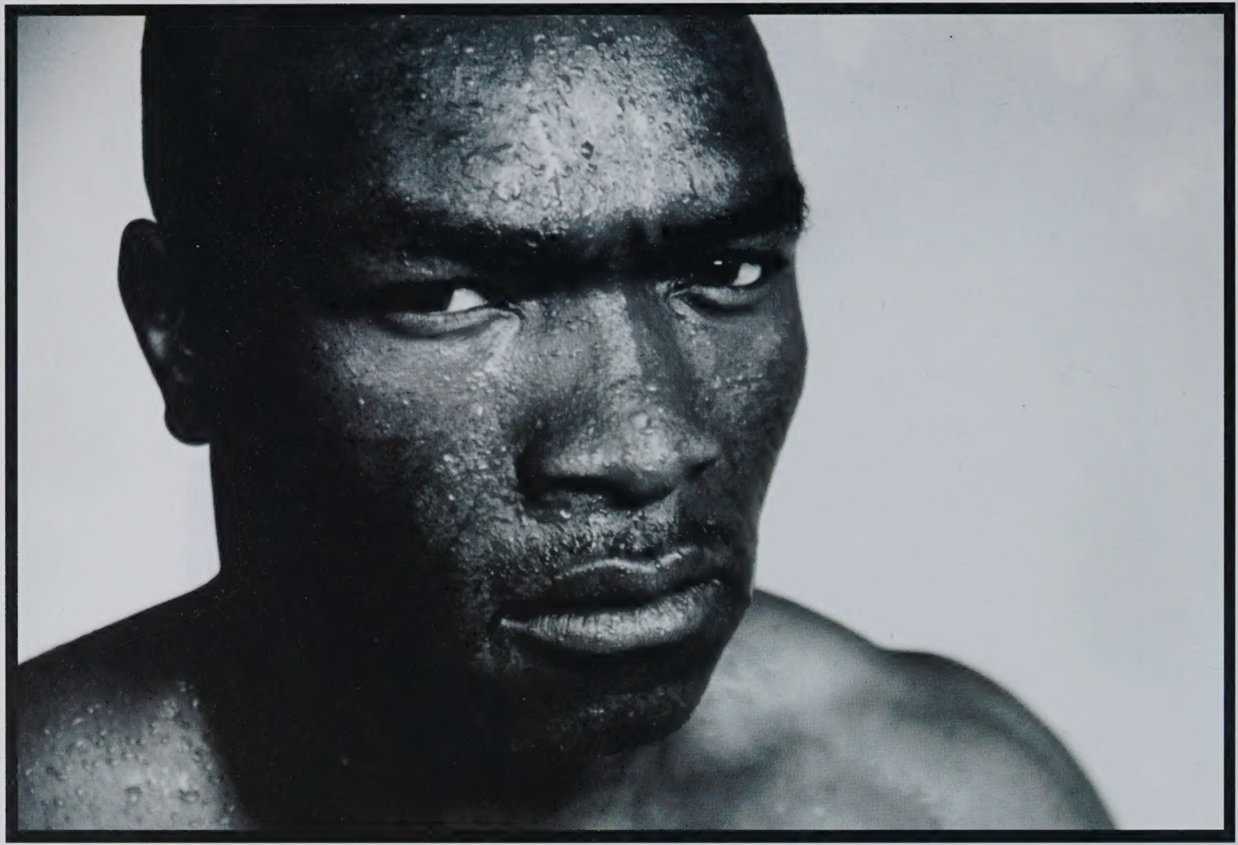
## A PHOTOGRAPHER WITH HEART

by MacArthur H. Flournoy

*The first time I tried to show my work at a museum in South Central Los Angeles, they ran me out of there. Two years later the Smithsonian Museum featured my exhibit. At times you feel lonely, sad, or even abandoned but you just keep fighting. You don't give up.*

—Greg McNeal, photographer



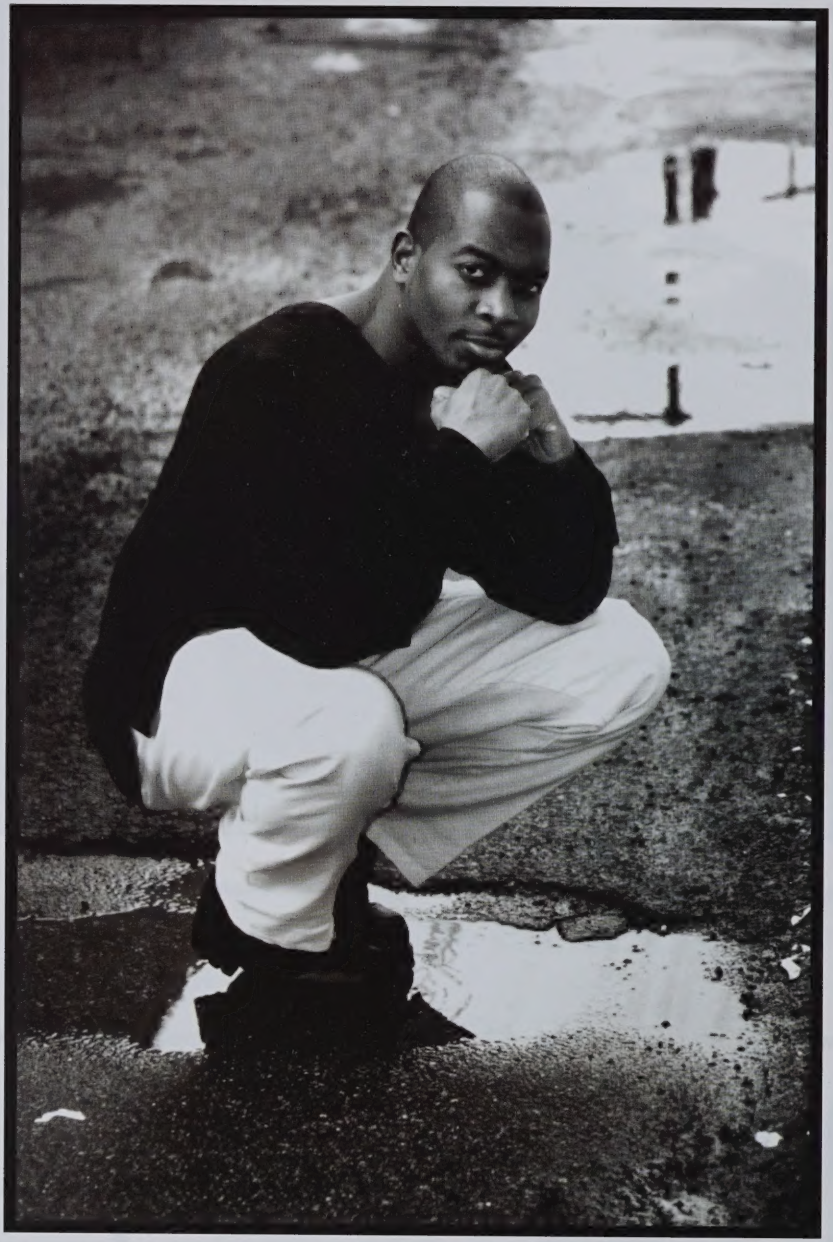


More than fully developed pectorals, sculpted abdominals, bronze shoulders, or even glistening smiles, Greg McNeal loves people that have heart. The thirty-seven-year-old photographer, who hails from Fulton, Tennessee, a whisper of a town three hours' drive from Memphis, is from a family of seven, five boys and two girls. His love of the arts began as a child, known by family and neighbors for his skill as an artist.

In 1989 McNeal heard the call of California and responded. "I just knew it was time to leave," remarked the native Tenessean. In the beginning, McNeal held jobs as a salesman and as a waiter. These positions did not quench his thirst for a new life.

Many have characterized McNeal's work as luscious, erotic, elegant, and provocative. As the photographer of images that capture the sensuality of black men, one could errantly assume that McNeal has always been comfortable with his sexuality. But McNeal knows otherwise. "I was a virgin until I was twenty-five. The first time I had sex, it was with a woman, and that was a birthday gift to me."

Though now comfortable in his sexuality, attraction to men is something McNeal has often struggled with. At times he merely



Greg McNeal, photographer

ignored his true self and downplayed its significance. "I was always aware of my sexual attraction to men ... but I was a high school jock, so whenever the situation came up I just dodged it ... you just overlook it until you're ready. In fact, I pushed off all sex. Less than a year after having sex with the woman, I had sex with a man. I knew that this was what I had been waiting for."

Changes in life sometimes foster new beginnings and this was the case with McNeal. Nineteen ninety-four brought life changing transformation. McNeal had just ended a four-year relationship with a man with whom he was deeply in love. The job he held at the time lacked challenge. Then one day, the miraculous happened.

"A relationship I had been in had just ended. I was miserable and stressed in my job. I was lying in bed one day and a voice said, *"Pick up a camera."* So, I got a friend's Instamatic camera, and just started shooting."

"From the beginning I wanted to make a difference. When I discovered black photographers, I found they didn't have black models in their books. When I asked them why there weren't any, they responded that it wasn't worth it. According to them, there wasn't a market for photographs of black men. At the time, the only images of black men were those of men incarcerated."

Shortly after launching his career in photography, McNeal got some harrowing news. "I learned I was HIV positive four weeks after that break up. So I had to keep shooting photographs just to keep breathing. There have been days when I've been willing to walk into the ocean at six a.m. or stand in the rain just to get a photograph. My pictures are like my children. You fight a system that doesn't want you here. But there are some things that you just can't stop."

McNeal will tell you that he has no formal training or education in photography. It is through his observation and pouring over literally thousands of images that he has developed his own eye for light, depth, and texture. He has studied positive images by Gordon Parks and objectified images by Robert Mapplethorpe, both of which have helped him define his approach.

"I learned you've got to make pictures speak. Some people put their work out there and all it shows is arrogance and ignorance. I wanted to counter what Mapplethorpe was doing. It was soft porn. We need to respond to that. There is beauty, integrity, and heart in black men. That is the basis of my work," says McNeal.

"Photographs are windows of freedom—windows to look through a person to see their passions and feelings. These moments become works of art. Too many of us hide because we want to belong to the crowd or blend: models that don't model, singers that don't sing, directors that don't direct." McNeal hurls rhetorical questions into the air: "How are you going to allow someone else's opinion of you to get in the way? Why can't we express how we feel about things? Some people don't want other people to see who they really are. Sometimes you just need room to breathe."

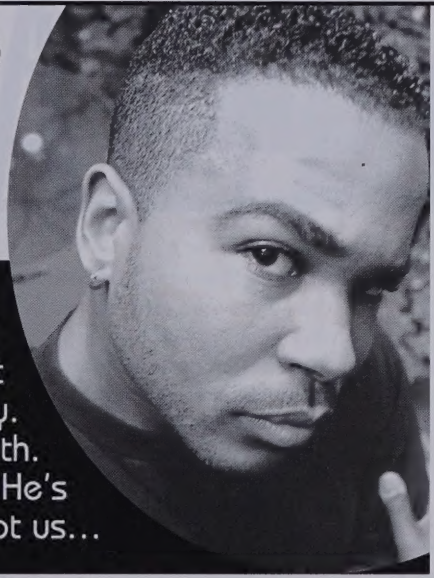
This is one photographer who understands the whole spectrum. "I'm no fool. I know there are people who are deliberately trying to block my blessings. The first time I tried to show my work at a museum in South Central Los Angeles, they ran me out of there. Two years later the Smithsonian Museum featured an exhibit of my work. At times you feel lonely, sad, or even abandoned, but you just keep fighting. You don't give up."

More than anything else McNeal wants to be "known as the guy that did his job. I want people to say [he] did what he was supposed to do. I just don't have patience for people who play games. I like people that have heart."

For more information on Greg McNeal Photography
or if you are interested in modeling,
he can be contacted at: Greg McNeal.
Post Office Box 75900, Los Angeles, CA 90075.

**People Into Living:**

Meet Bernard. He's on the move and having fun. Serious about friendship. Family. Responsibility. Health. Mistakes can be deadly. He's not in this alone. He's got us...



HIV prevention and support services for all black gay and bisexual me

CFC # 7703

- support groups
- HIV counseling & testing
- individual & group psychotherapy
- case management
- HIV telephone help line (202-546-5300
- community theatre & forums

**202-546-8200**
TTY 202-546-4416

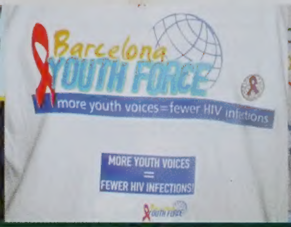
**US HELPING US**

UHU
US HELPING US Inc.
811 Street, SE
Washington, D.C. 20003

*Funded by the D.C. Department of Health, Administation for HIV/AIDS • CFC 7703*

# UPDATE on the XIV International AIDS

WANTED: BUSH & THOMPSON
THOMPSON FOR MURDER & NEGLECT OF PWA'S


Barcelona YOUTH FORCE
more youth voices=fewer HIV infections
MORE YOUTH VOICES = FEWER HIV INFECTIONS

H.E. PAUL KAGAME

## Barcelona, Spain July 7–12, 2002

Owen Kibenge made the only decision any responsible young man could. When his father died of AIDS several years ago he took on the responsibility of being the family's sole source of income through employment, to support his mother and two

# Conference

siblings. But last year, when his mother died of AIDS at the age of fifty-one after enduring the final stages of the debilitating disease for more than twelve months without so much as an aspirin, Owen took on the added responsibility of becoming a parent to his eighteen-year-old sister and sixteen-year-old brother. This twenty-seven-year-old man from Uganda came to the XIV International AIDS Conference as a journalist, a father, and one who had lost two parents and more friends than he can count to HIV/AIDS. Owen's experience was not unlike other life stories shared by people from nations throughout Africa, South America, Asia, Russia, and even still, the United States. All came looking for answers.

> While more than forty-five million people in the world are infected with HIV, as noted by the Centers for Disease Control and Prevention, seventy percent—a stunning twenty-eight million—of those individuals reside in Sub-Saharan Africa.

As delegates from various parts of the world converged on Barcelona, Spain, for the XIV International AIDS Conference, a cloud loomed overhead, its presence almost palpable—a cure for AIDS remains elusive, infections are multiplying at a rate of about 14, 000 per day, and Anti-Retroviral Therapy remains inaccessible for the majority of the world's population due to cost. Six millions people have died of AIDS-related illnesses since the XIIi International AIDS conference in Durban, South Africa, two years ago.

The paralyzing truth of the week was that nations inundated with poverty are being hit hardest by HIV infections and AIDS-related deaths. Unless there is a radical change in foreign policy among wealthier nations, we can anticipate seventy million more deaths with the next two decades: a situation that is preventable.

While more than forty-five million people in the world are infected with HIV, as noted by the Centers for Disease Control and Prevention, seventy percent—a stunning twenty-eight million—of those individuals reside in Sub-Saharan Africa. Presentations at the conference were made on the growing number of infections in Russia, Asia, and other developing nations. One estimate is that every day there are eight thousand five hundred AIDS related-deaths daily.

Helene Gayle, president-elect of the Bill and Melinda Gates Foundation, articulated a perspective of hope. "It is estimated that there will be 45,000,000 new infections by the year 2010, but if we use the information we already have, this number could be reduced by twenty-nine million."

In a astonishing declaration of solidarity by the leadership of Gay Men's Health Crisis in New York, AIDS Project Los Angeles, Whitman Walker Clinic in Washington, D.C., and the San Francisco AIDS Foundation, the notion was asserted that unless communities, organizations, and government wrestle with the complexities of poverty, racism, and homophobia among communities of color, there is no end in sight for the devastating impact of HIV/AIDS.

For more than two years, the United States has known that thirty percent of young gay black men in major urban centers are in fact HIV positive. However, another study produced findings at the XIV International Conference indicating that a full ninety percent of young gay black men do not know their HIV status. How could such a situation occur in the wealthiest nation in the world? This raises questions in the area of prevention.

Judy Auerbach, Ph.D., from the National Institute of AIDS, openly discussed the inadequacies of our exiting prevention efforts. "We need to retool our prevention efforts. There need to be better linkages across disciplines such as the biological, behavioral, social, and epidemiological sectors. We don't know yet know how to do that," charged Dr. Auerbach.

Dr. Seth Barkley of the International AIDS Vaccine Initiative, while cautious in his statements, expressed hope in vaccine development efforts that may prove beneficial in preventing HIV transmission. One study in particular will release its findings in the first quarter of 2003.

**Gossip? or Heartfelt Sentiments?**

More troubling was the undercurrent of conversation that fell from the mouths of some delegates in attendance, some of whom were black and Latino gay men from the United States. Some operated in the highest levels of government while others headed community-based organizations. The thought was the same, though worded differently: How can the United States think of increasing foreign aid to other nations while people of color our dying in this nation? Though uttered in hushed and whispered tones, the thoughts clamored with hypocrisy and exclusionary thinking in the same way majority gay culture balked at the notion of gay men of color having culturally competent services. At that time some white gay men were known to advocate against such services, claiming that such services would detract from their issues, financially and otherwise.

## The U.S. ranks last among industrialized nations in providing foreign aid.

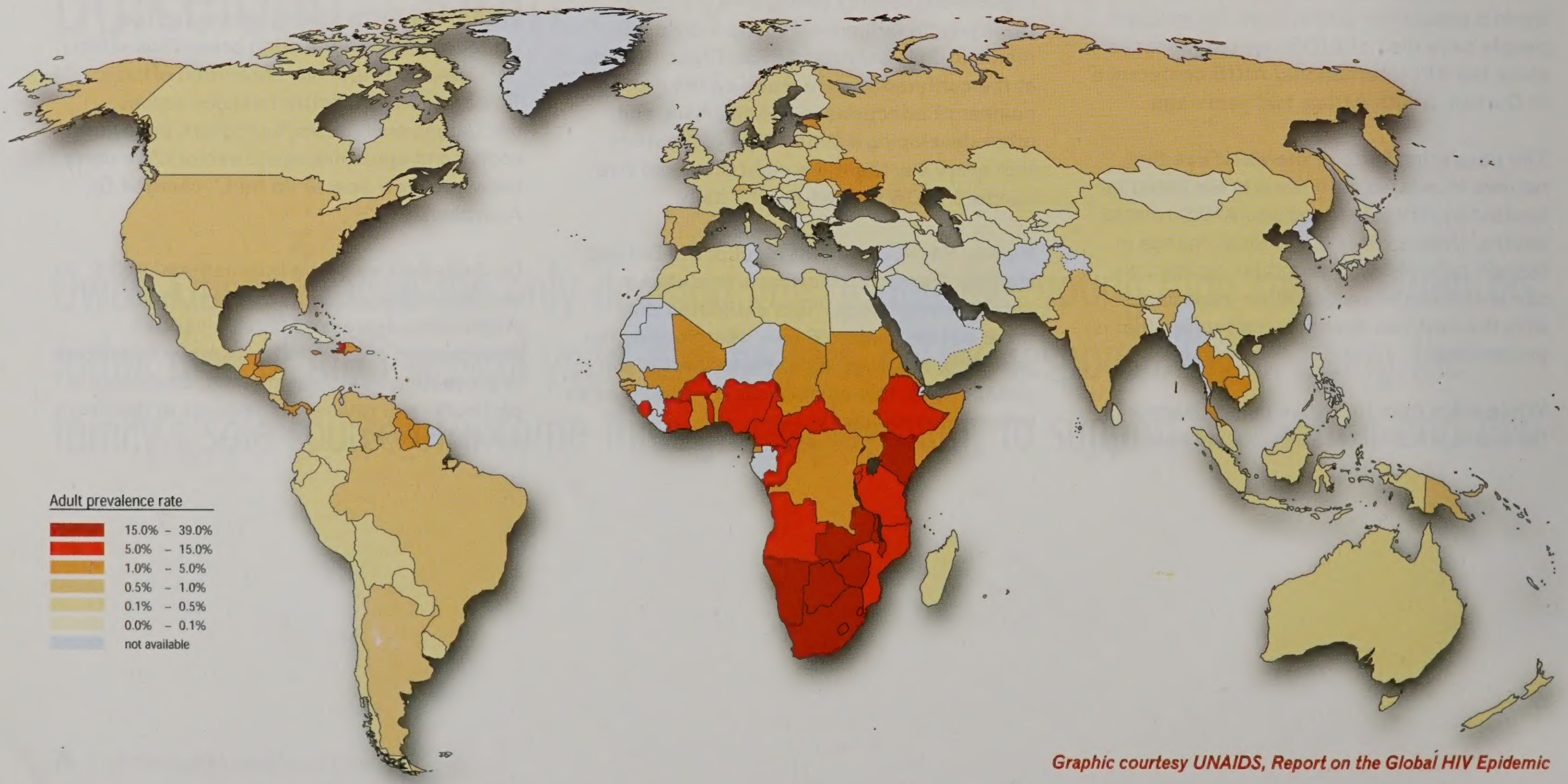
It would seem that the proverbial "them" has now become "us." And now some people of African and Latin descent that live in the United States find themselves questioning the validity of making such investments in other countries in the form of foreign aid. It should be noted that, according to the Organization for Economic Cooperation and Development, the United States ranks *last* among industrialized nations in providing foreign aid—*only one tenth of one percent* of our federal budget in 2001. The question comes to mind, will people of African descent in this country perpetuate the same form of racism and exclusionary thought that will surely result in needless death?

President Bill Clinton, in his address to the general assembly, offered a perspective on this issue. "The great conflict of the early twenty-first century is between the forces of integration and cooperation against the forces of disintegration and chaos, between those who believe in a shared future and those who claim a separate future, between those who wish to live in inclusive communities and those who want exclusive communities, composed only of people who think and act alike. We have to move the world from interdependence to an integrated global community, to people who want a shared future in an inclusive community. We cannot do it without defeating AIDS and no one can sit on the sidelines."

Owen Kibenge, who knows the first hand effects of AIDS related death, hopes that is the case. From all indications there are millions of people on the continent of Africa that hold out hope for an answer to a complex and riddling disease. Will those that live in this country, who have known success and wealth, reach beyond our borders to the continent of our origin? What will our response be?

President Nelson Mandela, in his address to the general assembly concluded his remarks with the following statement that carries wisdom from the ages: "In Africa, we have a concept, based on the recognition that we are only people because of other people. We are all human, and the HIV/AIDS epidemic affects us all in the end. If we discard the people who are dying from AIDS, then we can no longer call ourselves people. The time to act is now. We can make a difference."

## A global view of HIV infection—40 million adults living with HIV as of end 2001



*Graphic courtesy UNAIDS, Report on the Global HIV Epidemic*

# To Be or Not To Be Positive!

### One brother's perspective on getting through tough times

by Duke Banks

I've heard that if I think positively about the state of my affairs, the turnout will most likely be in my favor. I've also heard that a positive mind is a healthy mind. As a matter of fact, everything that deals with being positive has an end result that works to the betterment of mankind.

I was raised in the church and taught to believe that weeping will endure for a night, but joy will come in the morning.

Being a positive person, having a positive attitude, and even the positive terminal of a battery can help us move in the direction of increase, progress, or forward motion. For example, in order to increase our knowledge by earning a degree after graduating high school some eleven years ago, or seek progress through a difficult season in our lives, or move from one destination to another by vehicle, our battery must be charged to the fullest capacity. We have to be, and remain, positive—optimistic.

I'm a positive brother and I'll never pass up an opportunity to share how I made it through the difficult times. I can recall not having money and all I could afford was ramen noodles. You know, the ones you can buy five packs for a dollar. Add a hot dog, crackers, and, if you're lucky, some hot sauce, and you have a poor man's feast.

I can recall falling in love with a friend who was like a brother to me, and then after moving in together, as in the true words of Ms. Jill Scott, "You kissed my cheek, moved in, you confused things," he started beating me like Ike did Tina.

There was even the time when I woke up at 3:45 a.m. to find my ex-lover having sex on our couch with a stranger he picked up at a bar in Greenwich Village. Never the less, I still believe in people and the powers each one of us possesses to change things for the better. Regardless of how difficult the puzzle looks when it's handed to us, the only way to see the end result is to be patient, till it's all worked out.

I was raised in the church and taught to believe that weeping will endure for a night, but joy will come in the morning. If I live my life the ways God wants me to, or surrender my will to His, there will be a positive outcome.

Willie Jolley writes about being optimistic, and one of the examples he shares goes like this, "I'm so optimistic that I am going fishing for Moby Dick in a rowboat, and I'm taking the tartar sauce with me." That brings me to my next point. As I stated earlier, I'm positive. HIV positive, that is.

I've been positive for four years, and I say it without hesitation. I say it with pride because the day I heard a negative voice say to me, "Just like you can walk out the front door of your fourth floor apartment, you can walk out the window and end the embarrassment, pain, and shame," I walked over to the window, pulled back the curtain, reached down to unlock the window, but instead, my hand grabbed my Bible and I started to read about the boys in the fiery furnace.

They were not changed in their appearance; the smell of smoke was not even present when they came out. In the time of difficulty they did not let their situation change them nor their faith, and because of that God stepped in, right in the middle of the fire, and walked around so that the men looking in had to proclaim that God delivered them out of their adversity.

Before being diagnosed HIV positive, I was a man with a positive attitude. I felt that I had so much to see and do in this world that I never thought that I could acquire a virus that some days slows me down but never slows my positive outlook. You know, that energy that says, "Get your behind up go to work, pay your bills, fall in love with the man of your dreams, laugh, cry, run, scream, and shout because today you are ALIVE."

In the medical field, a diagnosis of positive means the presence of a particular disease. Just because the virus has been detected in my blood cells doesn't mean that I'm positively going to die. I'm positive that I'm going to remain the same positive person I was before I stepped into my fiery furnace and not let HIV change my smile, my laugh, or my positive outlook on life. Now that the heat has been turned up, I've just got to be more careful. So to be or not to be positive is all in how you look at it.

# A National Call To Action

## September 2002

Twenty-one years have passed since the first case of AIDS was reported in the United States. Since then our nation has made significant progress in caring for and treating persons living with HIV and AIDS – both home and abroad. However, sometimes progress gets in the way of ultimate success. With the introduction of life-prolonging antiviral therapies has come mounting public complacency about the threat of HIV. The stigmas and discrimination associated with AIDS two decades ago still plague those living with the disease today. And America's system of HIV/AIDS care is a complex patchwork of programs and unpredictable financing mechanisms created to care for people dying of AIDS, not living with HIV.

For the first time in six years our nation experienced in 2001 an increase in AIDS-related deaths, and HIV infection is on the rise – especially among communities of color, women and youth. In fact, 50 percent of all new HIV infections occur in young people under the age of 25. And of the nearly one million persons estimated to be living in the United States with HIV, a third are not receiving HIV care and a quarter are unaware of their HIV status. It goes without saying, America and Americans can do more.

AIDS Actions calls on everyone living in the United States – community leaders, Members of Congress, business owners, immigrants, religious leaders, mayors, media, the President, labor, state legislators, educators and non-governmental organizations – to recommit themselves to the fight against HIV and AIDS until its over. Political, religious and social differences must be set aside while we collectively engage in a national strategy to end HIV infection in the United States, and build a stronger, more accessible system of care and quality of life for those already living with HIV and AIDS. The time is now for a National Call to Action.

until it's over
AIDS **ACTION**

The images contained throughout this document represent individuals synonymous with the AIDS epidemic in the United States and should not be interpreted as endorsement of the National Call to Action.

**1906 Sunderland Place, NW**
**Washington, DC 20036**
**202.530.8030 p**
**202.530.8031 f**
**www.aidsaction.org**

# Stigma and Discrimination

### Community Call to Action

- Every American must commit to provide support and compassion to everyone affected, living with, or believed to be living with HIV or AIDS.

- Community, faith-based, labor, education and youth organizations must play a leadership role in educating everyone in America about HIV/AIDS.

- Every corporation and small business in America must pledge not to discriminate in the workplace against persons living with HIV or AIDS, but instead provide them with a work environment that offers support and resources including health care coverage.

### State and Local Municipality Call to Action

- Governors, state legislators, county commissioners, mayors and other state and local officials must speak out against stigma, homophobia and other forms of HIV-related discrimination.

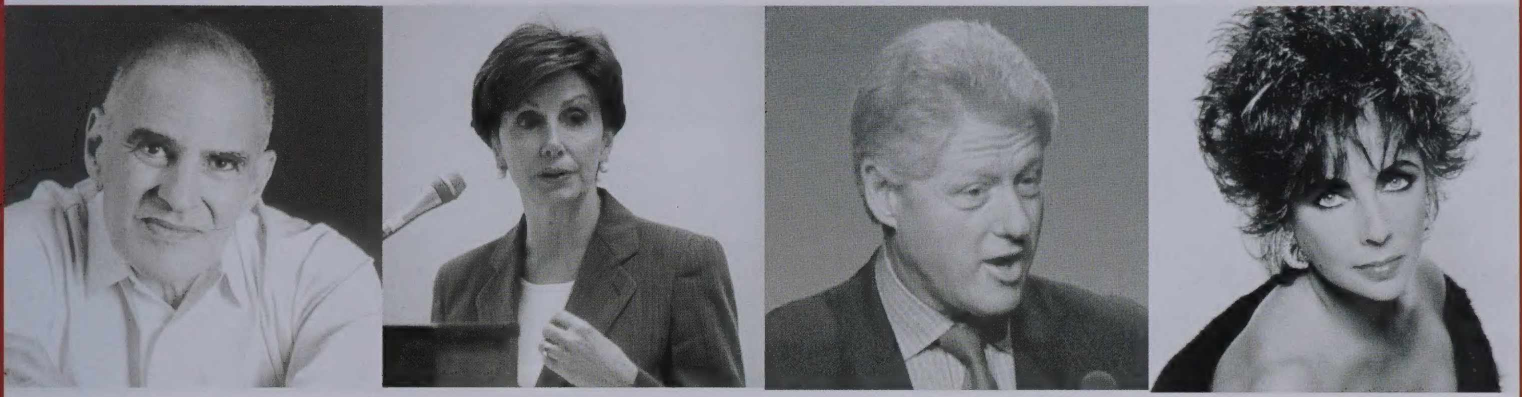
- To ensure all Americans feel comfortable seeking HIV testing, care and treatment, states must increase confidentiality protections and laws as HIV reporting and surveillance is implemented in all fifty states.

### Federal Call to Action

- The President, other senior Administration officials and Members of Congress must speak out and condemn HIV-related discrimination and prejudice based on race, gender, ethnicity and sexual orientation that interfere with our fight against the HIV/AIDS epidemic.

- Congress and the Bush Administration must act swiftly to remove current and discriminatory immigration rules that prohibit those living with HIV and AIDS from entering the United States.

# Access to Quality Care



**Community Call to Action**

- Every American must pledge to support their local community's HIV/AIDS services and programs through volunteering, contributing resources or participating in grassroots advocacy.

- Every physician, nurse practitioner, physician assistant and other health care provider must commit to enroll annually in continuing medical education on HIV/AIDS care and treatment.

- Community and migrant health centers must increase their commitment to providing comprehensive HIV/AIDS care, treatment and prevention services.

**State and Local Municipality Call to Action**

- States must provide the highest level of funding to support their respective state AIDS Drug Assistance Programs – thereby expanding access to life-prolonging AIDS drugs to low-income persons living with HIV/AIDS.

- Every state must work swiftly to expand Medicaid coverage to persons in the early stages of HIV/AIDS through the 1115 waiver process.

- States must implement statewide public awareness campaigns to educate persons living with HIV about federal and state-supported HIV/AIDS care and treatment programs, especially those targeting low-income persons.

**Federal Call to Action**

- The Bush Administration and Congress must enact administrative and legislative reforms that will give states the ability to expand Medicaid coverage to low-income persons in the earlier stages of HIV.

- Congress and the Bush Administration must strengthen systems of care and treatment capacity by expanding funding for the Ryan White CARE Act, the AIDS Drug Assistance Program (ADAP), the Minority HIV/AIDS Initiative, Substance Abuse and Mental Health Services' HIV/AIDS programs, and the Housing Opportunities for Persons with AIDS (HOPWA).

- The Bush Administration and Congress must work with the pharmaceutical industry to implement a strategy for lowering the cost of expensive HIV/AIDS drugs – especially as the number of low-income and uninsured persons infected with HIV/AIDS significantly increases.

# HIV Prevention

### Community Call to Action

- Every parent, caregiver and adult must commit to talking to young people about HIV/AIDS, the health benefits of remaining abstinent and science-based information about contraception.

- Community, faith-based, labor, education and youth organizations must play a significant role in empowering young people with information about protecting themselves from HIV/AIDS.

### State and Local Municipality Call to Action

- State and local boards of education must ensure that science-driven HIV/AIDS prevention education takes place in every public and private school in the nation – removing content restrictions and other barriers to effective HIV/AIDS prevention messages.

- State legislatures and localities must increase funding that supports comprehensive HIV prevention and sexuality education programs.

- States must provide injection drug users (IDU) with access to sterile syringes through syringe exchange programs and/or repeal or modification of state laws and regulations that restrict the sale of syringes to IDUs.

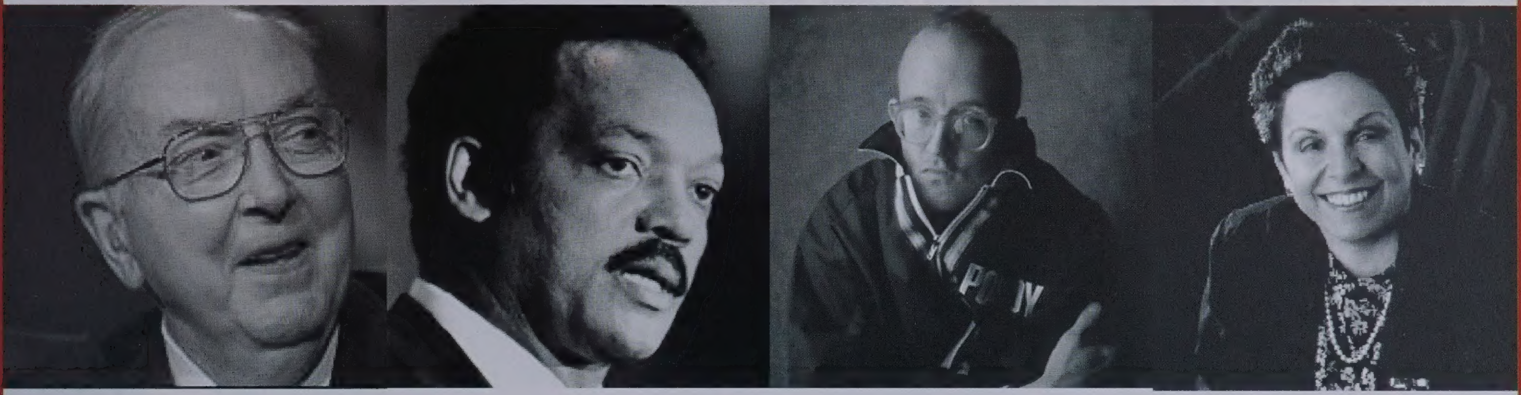
### Federal Call to Action

- All federal HIV prevention and sexuality education programs will provide states and localities the flexibility to develop messages that promote abstinence, while also empowering young people with science-based information about contraceptives.

- Congress and the Administration will double funding for federally supported comprehensive HIV prevention and sexuality education programs in three years.

- The Administration must develop a well-coordinated and integrated National HIV/AIDS Prevention Strategy to reduce new infections to zero. All HIV/AIDS non-governmental organizations, federal advisory bodies and prevention scientists must be convened jointly to participate in the coordination, implementation and monitoring of the plan.

# HIV Testing and Counseling



**Community Call to Action**

- Community, faith-based, labor and youth organizations must encourage community members, particularly populations at greatest risk, to get tested for HIV annually.

- Corporations and small businesses, in coordination with business and labor organizations, must implement HIV testing, counseling and prevention programs in the workplace.

**State and Local Municipality Call to Action**

- States must provide local and county public health departments with increased resources and infrastructure to expand access to HIV/AIDS testing and counseling – especially for populations at greatest risk.

- Every state must implement an aggressive outreach program that promotes HIV counseling, testing and referral at the local and county level – such programs must recognize cultural and demographic differences.

**Federal Call to Action**

- Swift action must be taken by the Food and Drug Administration to allow new technologies in rapid response HIV testing to be available, and a CLIA waiver must be issued that permits rapid response HIV tests to be administered in outreach settings.

- The Administration must fund and implement a national campaign promoting voluntary HIV counseling and testing, involving both national media and local partnerships.

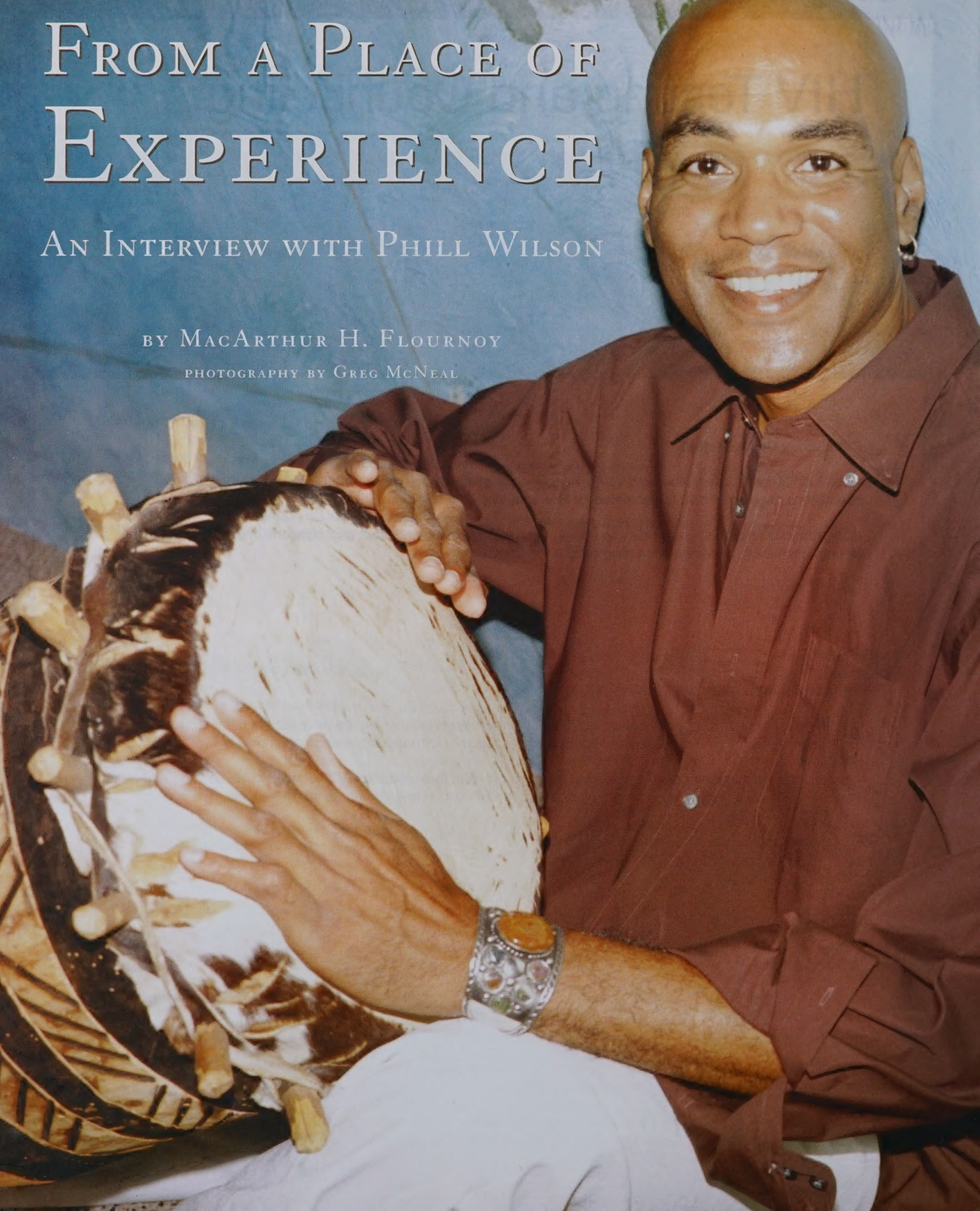
- The President, senior Administration officials and Members of Congress are encouraged to demonstrate their leadership, and the importance and ease of HIV testing by publicly getting tested.

# FROM A PLACE OF EXPERIENCE

## AN INTERVIEW WITH PHILL WILSON

BY MACARTHUR H. FLOURNOY

PHOTOGRAPHY BY GREG MCNEAL



COLOMBIA
VENEZUELA
BOLIVIA

*Since the beginning of time there have always been people that will watch the world go by and comment on its shortcoming and its social ills with dispassionate moralizing and "ain't it awful" disgust. Phill Wilson could never be counted among that group. The forty-six-year-old African-American AIDS activist has been engaged in HIV/AIDS work for nearly two decades. His work ethic rivals that of the most committed of AIDS activists.*

*Without a doubt, this eloquent and zealous advocate has personal motivation. In 1985, Wilson tested positive for HIV. In 1990, when his doctor announced that he met the Center for Disease Control and Prevention criteria for an AIDS diagnosis, his commitment to see change deepened.*

*What is also clear is that Wilson is not one you'll find wallowing in sorrow or self-pity. His body of work reads like a champion of the civil rights movement. To date Wilson has served on the president's AIDS Advisory Council, worked with the Congressional Black Caucus in securing resources for African-American gay and bisexual men (which resulted in a national initiative), testified before congress, and established numerous organizations. His efforts have called for national and global leadership in a field that is in dire need of stability, humility, and coalition building. His most recent creation is the nation's only think tank that specifically explores the impact of HIV/AIDS on the black community, the African American AIDS Prevention and Training Institute.*

*Since beginning his work with AIDS, Wilson has worked with the Los Angeles Gay & Lesbian Community Services Center, Stop AIDS Project, the Minority AIDS Project, co-founded the now defunct National Task Force on AIDS Prevention in San Francisco, and returned to Los Angeles to serve as the City AIDS Coordinator for five years. Thereafter Wilson joined AIDS Project Los Angeles as public policy director.*

*His vision for prevention, education, and treatment is broad enough to include concerns for Africa, Asia, and other developing areas. His life is full, with parenting responsibilities, administration of a full time agency, and work with international bodies in various parts of the world. Managing a long-term relationship with his partner of several years rounds out this busy life. In this interview, Phill Wilson shares his perspective on the history of AIDS in this country, our current standing, the utility of international conferences, and the prospective future of prevention, treatment, and advocacy. Wilson's words are delivered with precision, poignancy, and above all from a place of experience.*

**What was your impetus for founding the National Black Lesbian and Gay Leadership Forum (NBLGLF)?**

The NBLGLF started as an HIV/AIDS outreach project. I see myself as an AIDS activist, not a gay activist. I was interested in starting the NBLGLF after attending the first AIDS conference to deal with AIDS in the black community and people-of-color communities. It was sponsored by public service and held in Atlanta in 1986.

Knowing that black gay men were disproportionately impacted, we believed that the issue would come up. Previously, the issue of race had not been raised. What struck me was that they were talking about people of color, but they nearly ignored gay and bisexual men altogether. Everybody was perfectly comfortable seeing us die.

The only way we were going to be able to save our lives was that we were going to have to do it ourselves.

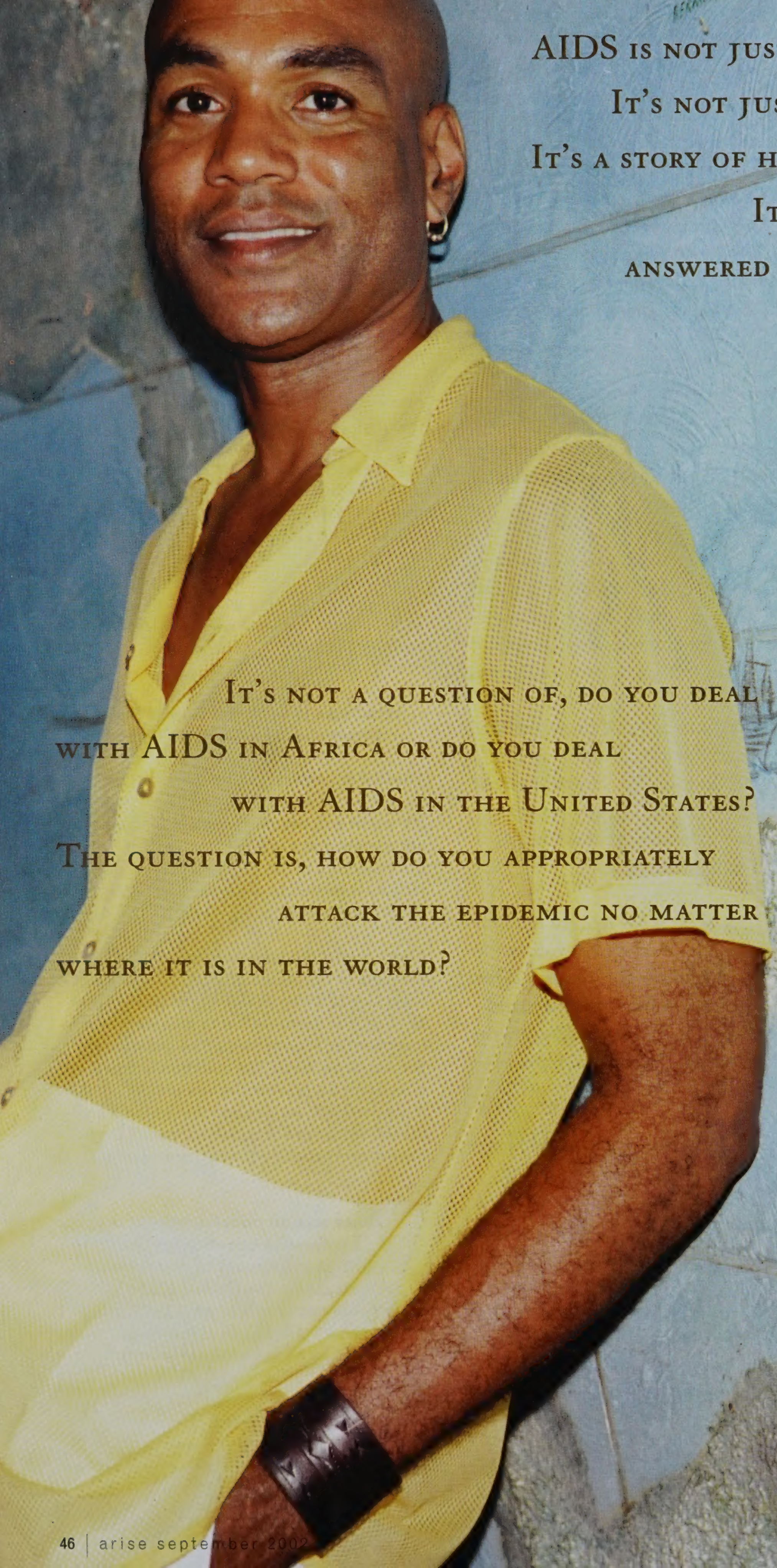
**What was your impression of the XIV International AIDS Conference?**

These meetings raise a lot of questions for me. Are they worth the expense? I think it's worth it to ask the question. I think we are currently at a critical juncture relative to the trajectory of the AIDS pandemic, particularly as it relates to people of color and people in the developing world.

That's one of the questions that I think was pressing in Barcelona. In various ways we were able to demonstrate at the Durban conference that it is possible to provide HIV treatment in poor settings. The question is not, can it be done? The question is, will it be done? Will we provide the resources to make it happen? Will we develop the systems and the infrastructure to make it happen? Do we have the moral and political commitment?

**There was an undercurrent at the conference questioning the value of foreign aid to developing nations by the United States. In some cases black, gay, and Latino men made these comments. Did you hear these comments?**

Absolutely, there are not mutually exclusively efforts. It is absolutely appropriate for the



AIDS is not just a story of doom and gloom. It's not just a story of death and dying. It's a story of heroism. It's a story of people who have answered the call over and over again.

It's not a question of, do you deal with AIDS in Africa or do you deal with AIDS in the United States? The question is, how do you appropriately attack the epidemic no matter where it is in the world?

U.S. to play its role in the global pandemic. I also think it is essential that we do not lose sight of the unfinished business of HIV/AIDS regarding black and Latino men who have sex with men. Tragically, one of the things that has "plagued" us is that our attempts have been disjointed and too simplistic. And this is one of those examples. It's not a question of, do you deal with AIDS in Africa or do you deal with AIDS in the United States? The issue is how do you appropriately attack the epidemic no mater where it is in the world? The question is not whether or not we do prevention in the developing world or whether we focus on treatment. The real question is, how do we develop the resources and the capacity to deal with treatment and prevention because they are inextricably connected?

**Have men of color who have sex with men grown apathetic in the practice of risk reduction?**

I think there is a degree of apathy—or there is a lack of urgency, the kind of urgency that this disease demands. Certainly in the LGBT and SGL community.

I was on a plane a couple of weeks ago. The person sitting next to me asked me what I do for a living, and I told him. His response was that at least we have solved the problem in the United States. He said, "The only time I hear about AIDS is in Africa." I am absolutely mortified by that kind of statement because we haven't solved the problem of AIDS in this country. In fact I had a friend die from AIDS last week. We are still dying from AIDS in this country at an alarming rate, particularly as it relates to men of color who have sex with other men.

**In your estimation, where are we in the Untied states with our prevention efforts?**

We are still at a point where we have to reinvigorate and redesign our prevention efforts where they reflect the current paradigms. Some of our prevention efforts are stuck in perceptions of HIV/AIDS that are no longer relevant. We need to develop programs that are culturally rooted in black communities. We don't have enough of that. Our prevention programs need to focus on the various structures and institutions where we live, work, and play so that it becomes integrated in the fabric of our lives.

**You are the founder of the African American AIDS policy and Training Institute. What is its mission?**

AAAPTI is the only HIV/AIDS think tank in the country. Our mission is to reduce the HIV/AIDS health disparities between African Americans and other groups by engaging black institutions, black organizations, and black folks in efforts to combat HIV/AIDS in a black context. I think we are making progress. We are now in the third decade of this epidemic. It has taken a while to get to this place. The challenge is that we need short-term gains, mid-range gains, and long-term gains. We need to plan for folks who are going to need information and services. We need to make a commitment to ending the pandemic altogether.

**Do you have a sense of how many people you have lost to the virus?**

Phill Wilson: In the days before we had electronic phone books, I used to carry all of my friends' contact information in an address book. Back then I would put a star by the name of a friend who had died from AIDS. I remember the very first person that died from AIDS in 1981. By the time I has closed that telephone book there were literally hundreds of friends who had died from AIDS, including my lover Chris Brownley. He died in 1989. It's certainly the issue that has framed my life.

**You have parented two nephews as your sons. How has that impacted your life?**

I'm in a new phase of that journey now. I raised my two nephews and they have been in my custody for five years. They have both graduated from high school. The oldest one is in college. The youngest one will be starting college in the fall. In fact, I'll be moving him into his apartment next week. I am now facing the empty nest syndrome. I'm not looking forward to that new phase of my life. But they have certainly framed everything I have done for the last five years. They have been instrumental in how I view AIDS work, the epidemic, and my work. They provided balance in a way that I didn't have before. Parenting is no job for sissies. (Laughter) You have to have courage to be a parent. It is, without a doubt, the most important thing I have ever done.

**Do you have intimate love in your life at this time?**

I have been in long-term relationship for a while. We are actually looking forward to this next phase of our relationship. Family is important to me. I'm a nester. Being in a relationship is important.

**You literally travel thousands of miles each month from coast to coast at a pace that can only be described as frenetic and tireless. What accounts for your drive?**

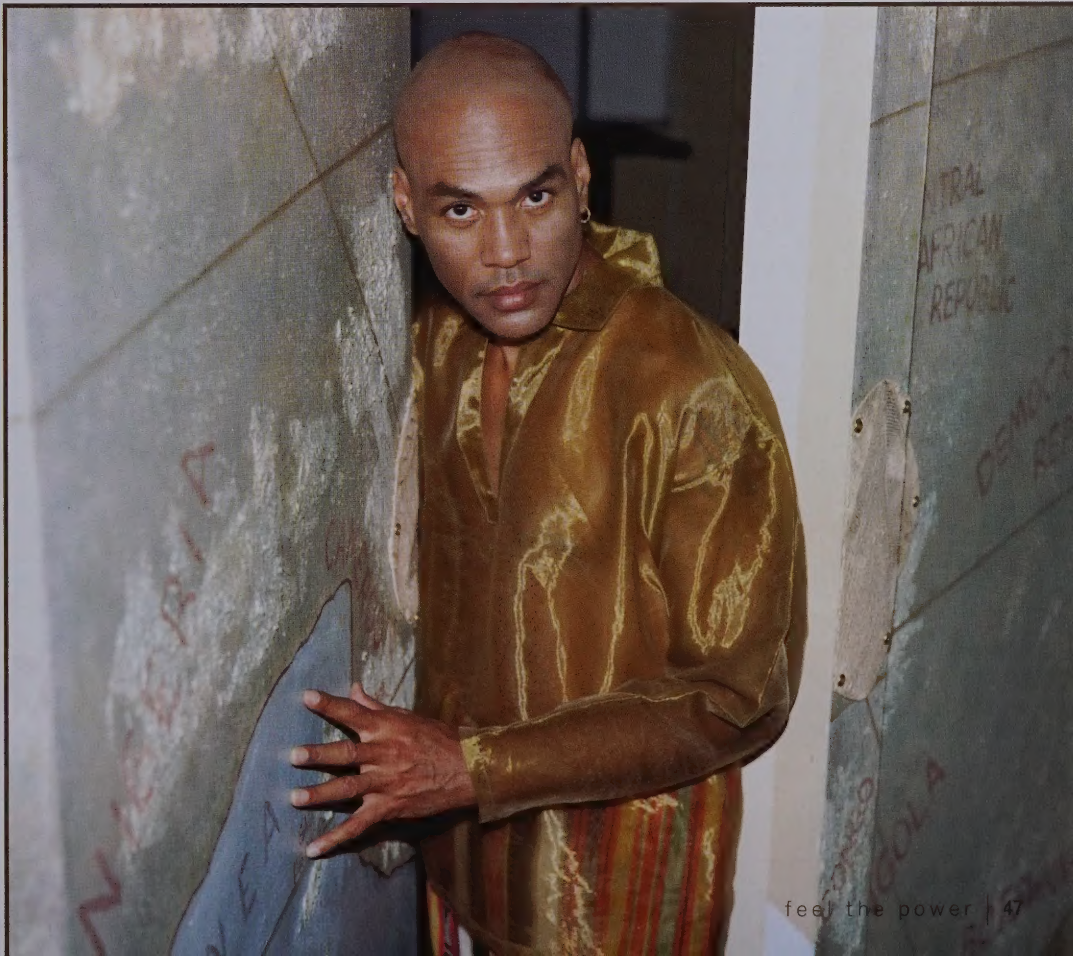
It is connected to my own mortality. I am committed to doing my part. I don't know that I alone can end this epidemic, but I can do my part. I don't necessarily know what my part is or the magnitude of my part. The price of the ticket for my humanity is to be able to say that at the end of the day, I did everything I could to do my part. You have to do everything you can to make a difference. That's what keeps me going. I do the AIDS work because, for whatever reason, God has given me gifts of whatever sort.

**Given all that you've seen in more than two decades of this pandemic, are you hopeful?**

Of course I have hope. You've got to have faith. I am so blessed. How could I not have hope? There are people who have approached me with tears in their eyes about what has happened to me, and certainly I would love to live to be ninety. And I might, the jury is still out on that. But even if that doesn't happen, I've been blessed from birth. I have a family that loved me my entire life in all of its configurations.

There's no tax for their love. I have had the support of family and friends. I've been able to do work that I feel passionate about and committed to. I get more than my share of recognition for my contribution. At the end of the day, I get to feel like I made a difference. It doesn't get any better than that. I certainly have hope, and it would be disrespectful to feel anything else. I also have hope about our likelihood to end this pandemic in all of its manifestations; to end the epidemic as it exists in African-American communities. I have seen things change for the better.

AIDS is not just a story of doom and gloom. It's not just a story of death and dying. It's a story of heroism. It's a story of people who have answered the call over and over again.



It's a fight, although I didn't chose it, and although I wouldn't be unhappy if it did not have to be done, it is a fight that I am very proud to be a small part of.

**What is your charge to the black LGBT/SGL community?**

All of us spend a lot of time analyzing what others folks are and are not doing. We talk about what the white gay community is or is not doing. We talk about what the government or the president is or is not doing. We talk about what straight people are or are not doing. I think those discussions are important and appropriate. I also think it's appropriate that we adjust the balance. I would like for us to increase the volume of what are we doing.

Are we in fact doing everything that we can do as black people, as lesbians, as people living with AIDS? The first step in the journey to save our lives has to be taken by us. Anyone who has heard me speak has heard me quote Calvin Rolard. He says, "The only one that can save us from us is us." This epidemic is not going to be over in black communities unless and until we develop the capacity, the infrastructure, and the commitment to end this epidemic. The motto for the African American AIDS Policy and Training Institute is "Our people, our problem, our solution."

At the end of the day, no matter what the government does, no matter what the larger community does, no matter what the outsiders do, this is an epidemic that is about our people and the solutions must come from us.

> This epidemic is not going to be over in black communities unless and until we develop the capacity, the infrastructure, and the commitment to end this epidemic.... At the end of the day, no matter what the government does, no matter what the larger community does, no matter what outsiders do, this is an epidemic that is about our people and the solutions must come from us.

Soul Food is Cookin' at GMHC

Need some "Food For Thought?"
How about a big helping of support?
It's all here at Soul Food!
Take a look at our menu:

**Sacred Space**
First Thursdays
6:30 – 9:00 p.m.
A discussion group for those brothers interested in exploring their "spiritual side."

**Discussion Groups**
Second & Fourth Thursdays
6:30 – 9:00 p.m.
Our most popular "dish": frank and honest conversations about desire, pleasure, and more.

**The Kitchen**
Third Thursdays
6:30 – 9:00 p.m.
Our combination platter: discussion and condom wrapping or envelope stuffing. No meal is completed without some work!

**Soul Food Plus**
Third Fridays
7:00 – 9:00 p.m.
Something a little "extra" special for HIV-positive brothers: discussions with your needs and desires in mind.

**Giovanni's Room**
Fourth Saturdays
2:00 – 5:00 p.m.
Our reading group to discuss literature written by black men, regardless of their sexual orientation.

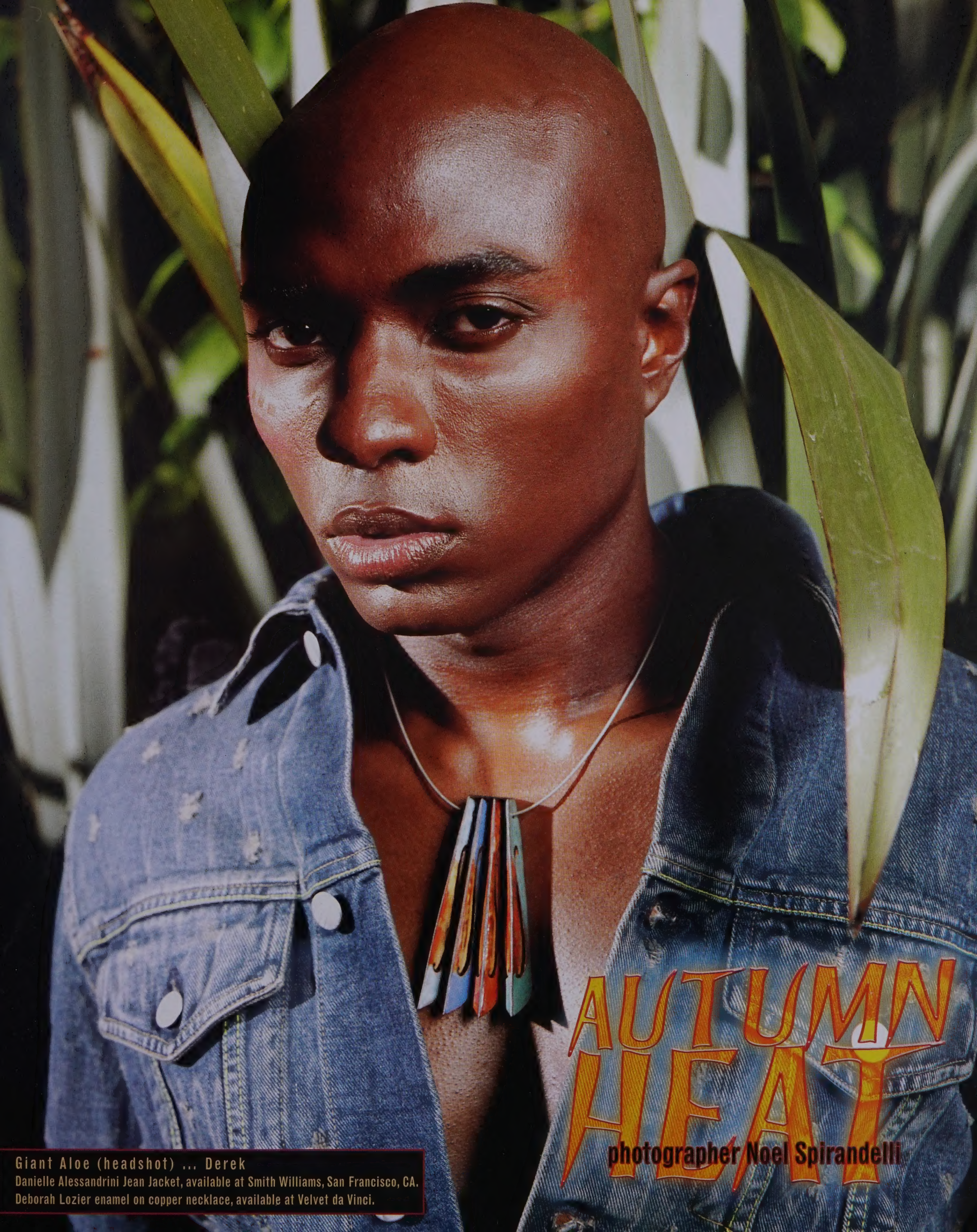
Soul Food
Brothers Healing Brothers

Soul Food is more than a cuisine! It's a health and wellness promotion program for brothers who practice same-sex desire. Come on down and be a part of "Brothers healing Brothers."

GMHC
Gay Men's Health Crisis

The Tisch Building ▪ 119 West 24 Street, NYC
212/367-1372 ▪ soulfood@gmhc.org
Hotline: 1-800-AIDS-NYC ▪ TTY: 212/645-7470
www.gmhc.org

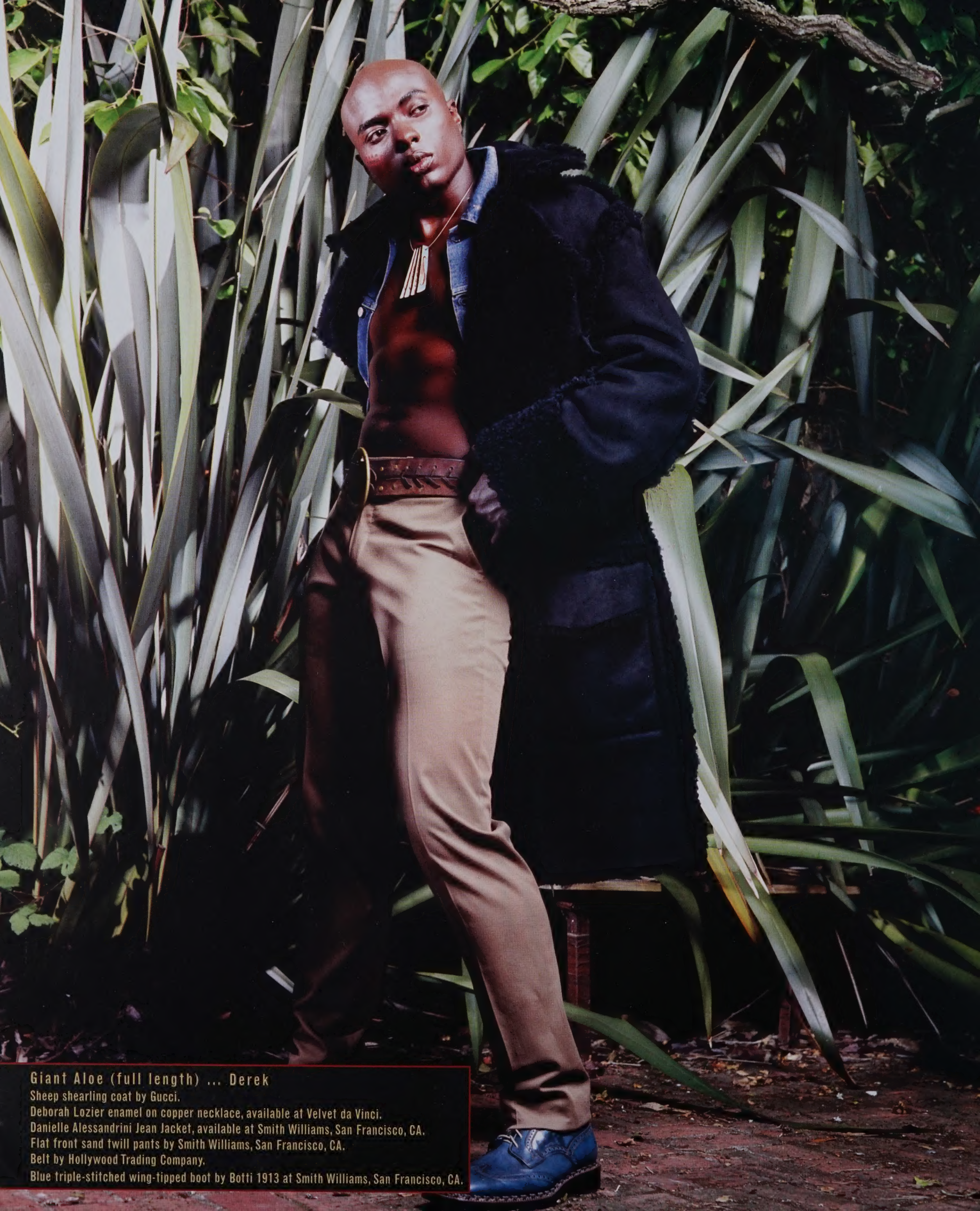
© 2002 GMHC



# AUTUMN HEAT

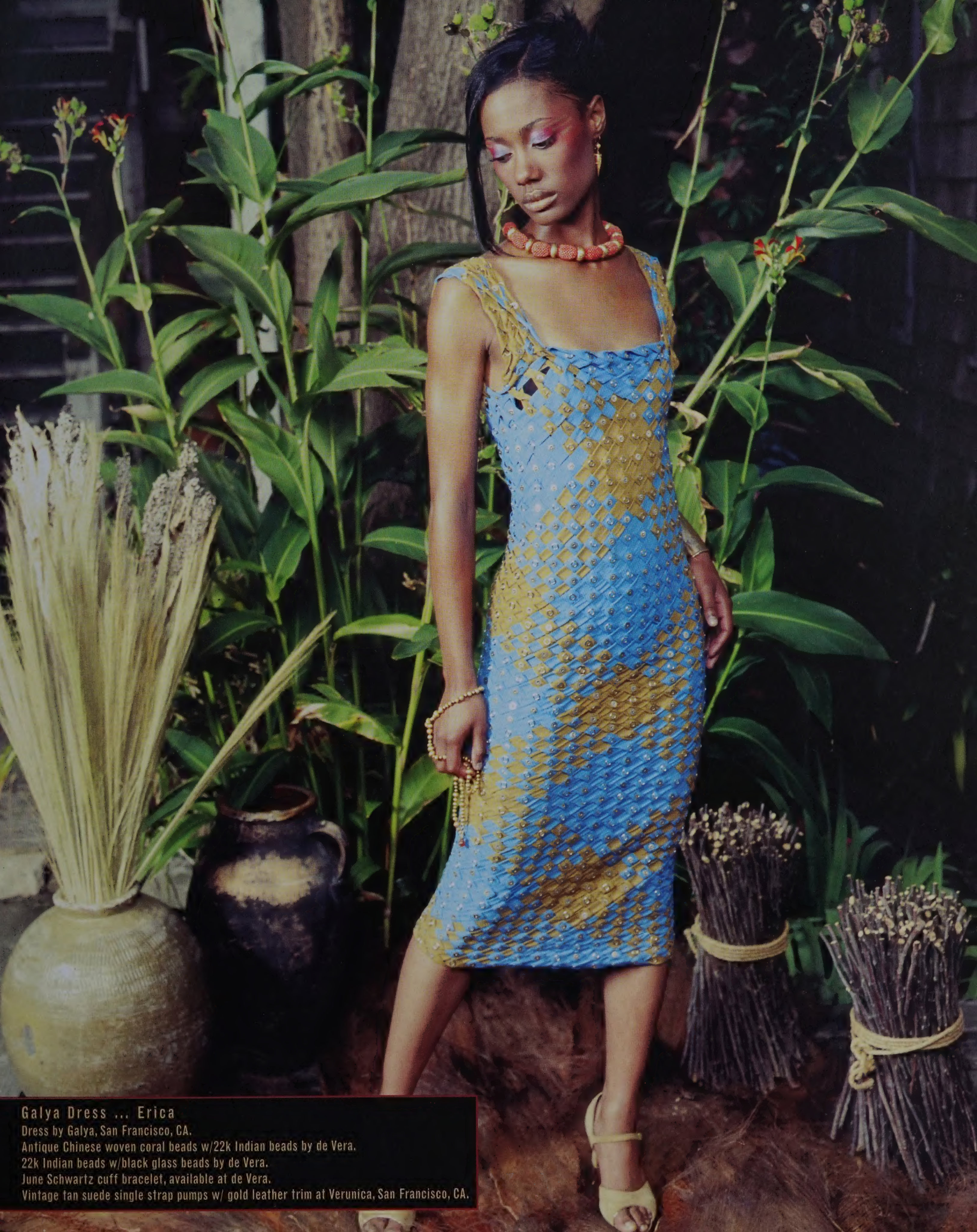
photographer Noel Spirandelli

**Giant Aloe (headshot) ... Derek**
Danielle Alessandrini Jean Jacket, available at Smith Williams, San Francisco, CA.
Deborah Lozier enamel on copper necklace, available at Velvet da Vinci.

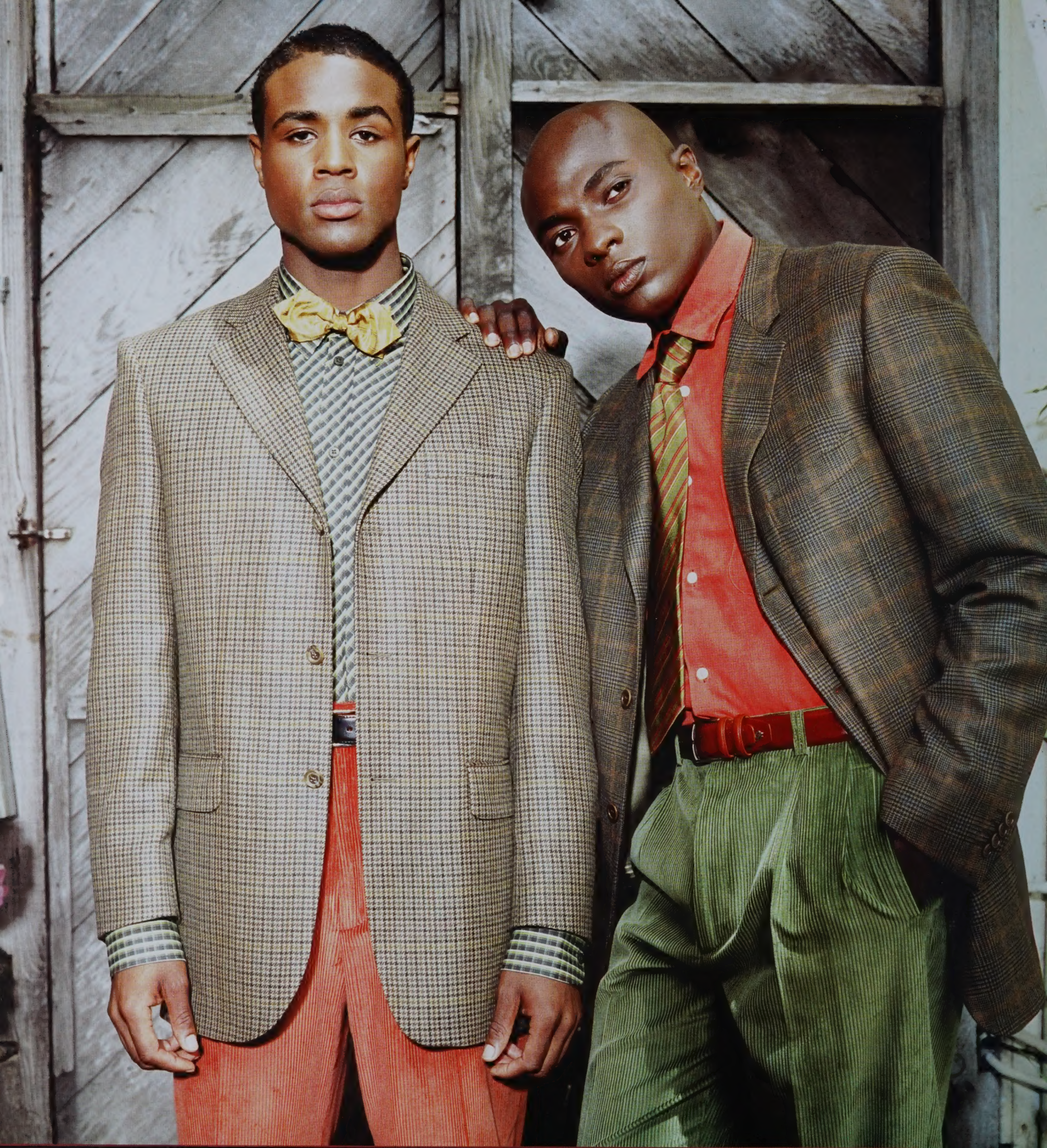


**Giant Aloe (full length) ... Derek**

Sheep shearling coat by Gucci.
Deborah Lozier enamel on copper necklace, available at Velvet da Vinci.
Danielle Alessandrini Jean Jacket, available at Smith Williams, San Francisco, CA.
Flat front sand twill pants by Smith Williams, San Francisco, CA.
Belt by Hollywood Trading Company.
Blue triple-stitched wing-tipped boot by Botti 1913 at Smith Williams, San Francisco, CA.



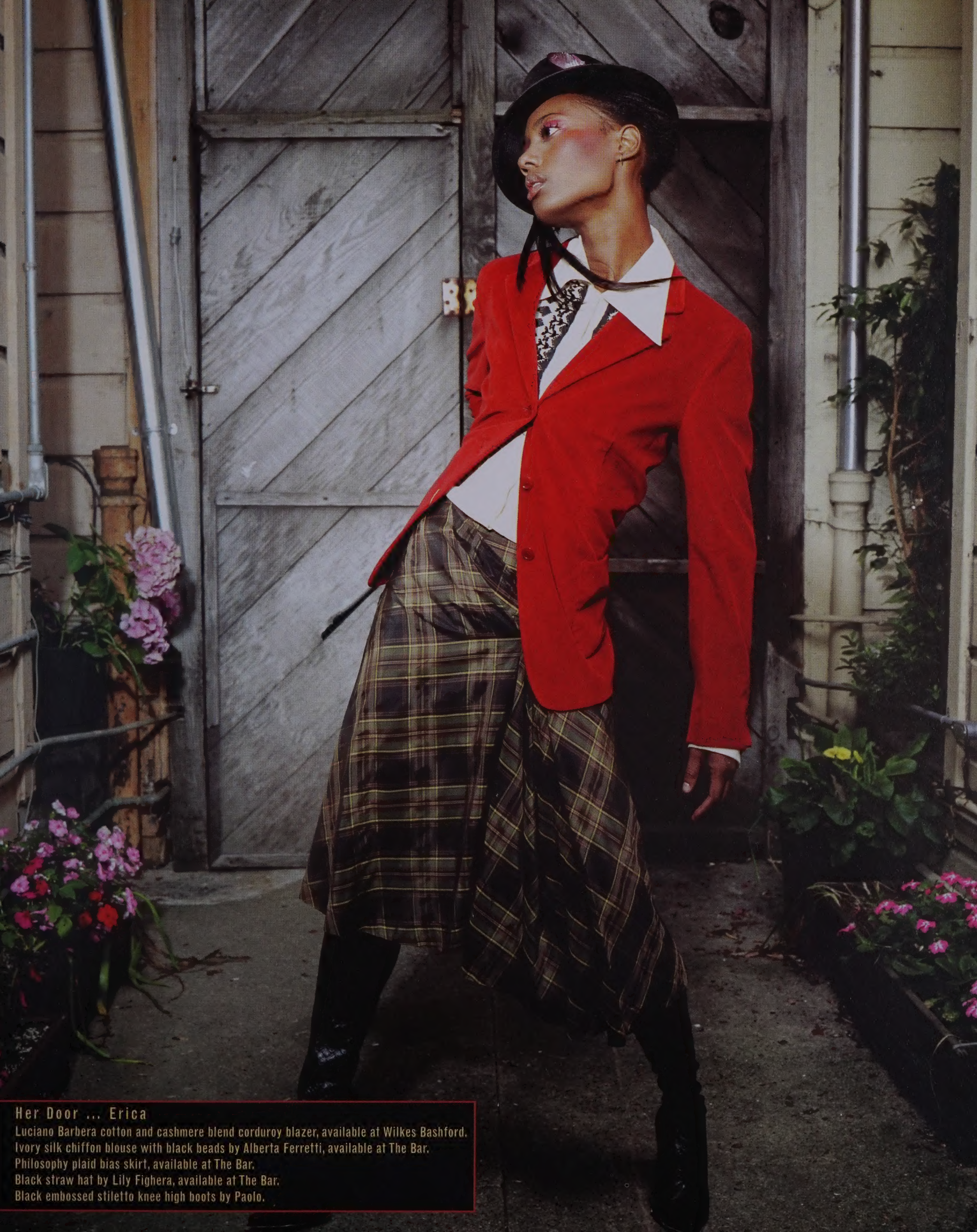
**Galya Dress ... Erica**
Dress by Galya, San Francisco, CA.
Antique Chinese woven coral beads w/22k Indian beads by de Vera.
22k Indian beads w/black glass beads by de Vera.
June Schwartz cuff bracelet, available at de Vera.
Vintage tan suede single strap pumps w/ gold leather trim at Verunica, San Francisco, CA.



**Door ... Derek and Lonnie**

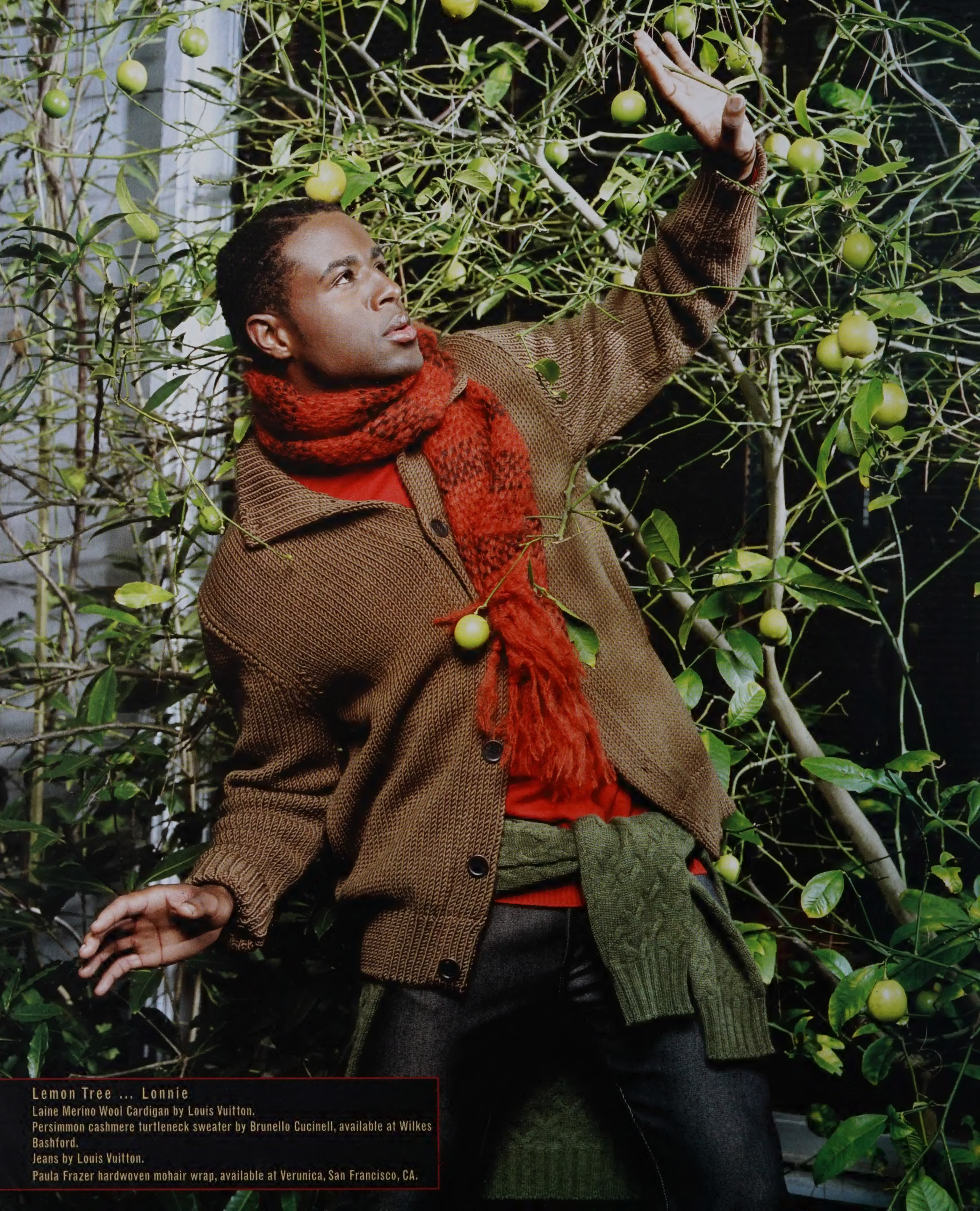
**Derek:**
Pure lambswool window pane plaid sport jacket by Trussini, available at Billy Blue.
Fire cotton corduroy Hartford casual layer, available at Billy Blue.
Silk tie by Billy Blue.
Avocado green corduroy pants by Billy Blue.
Paolo da Ponte braided belt, available at Billy Blue.

**Lonnie:**
Tan 100% wool Sheppard check sport jacket by Billy Blue.
Green check cotton dress shirt by Ted Baker, available at Wilkes Bashford.
Striped silk tie by Billy Blue.
Persimmon corduroy pants by Billy Blue.
Paolo da Ponte belt, available at Billy Blue.



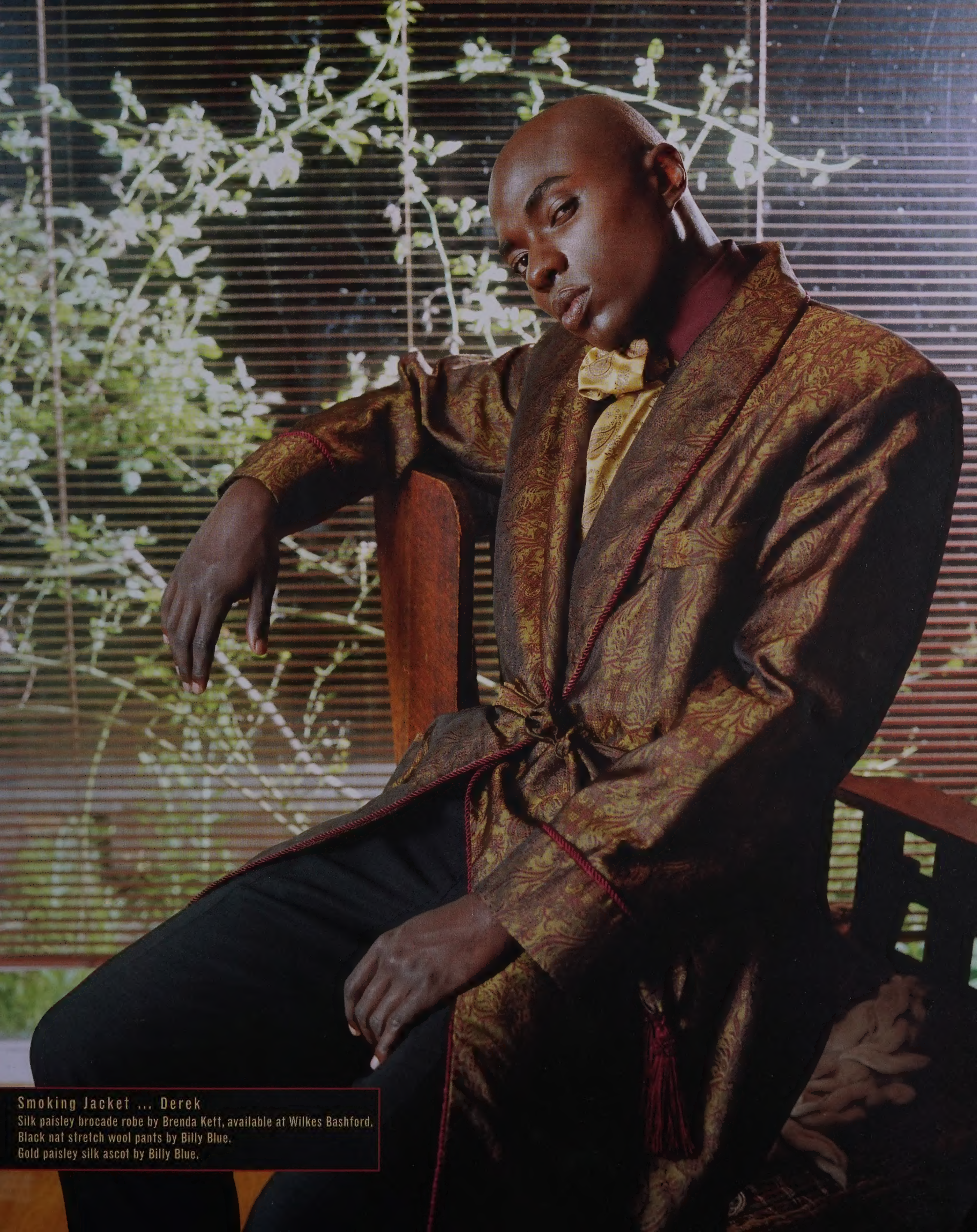
**Her Door ... Erica**

Luciano Barbera cotton and cashmere blend corduroy blazer, available at Wilkes Bashford.
Ivory silk chiffon blouse with black beads by Alberta Ferretti, available at The Bar.
Philosophy plaid bias skirt, available at The Bar.
Black straw hat by Lily Fighera, available at The Bar.
Black embossed stiletto knee high boots by Paolo.



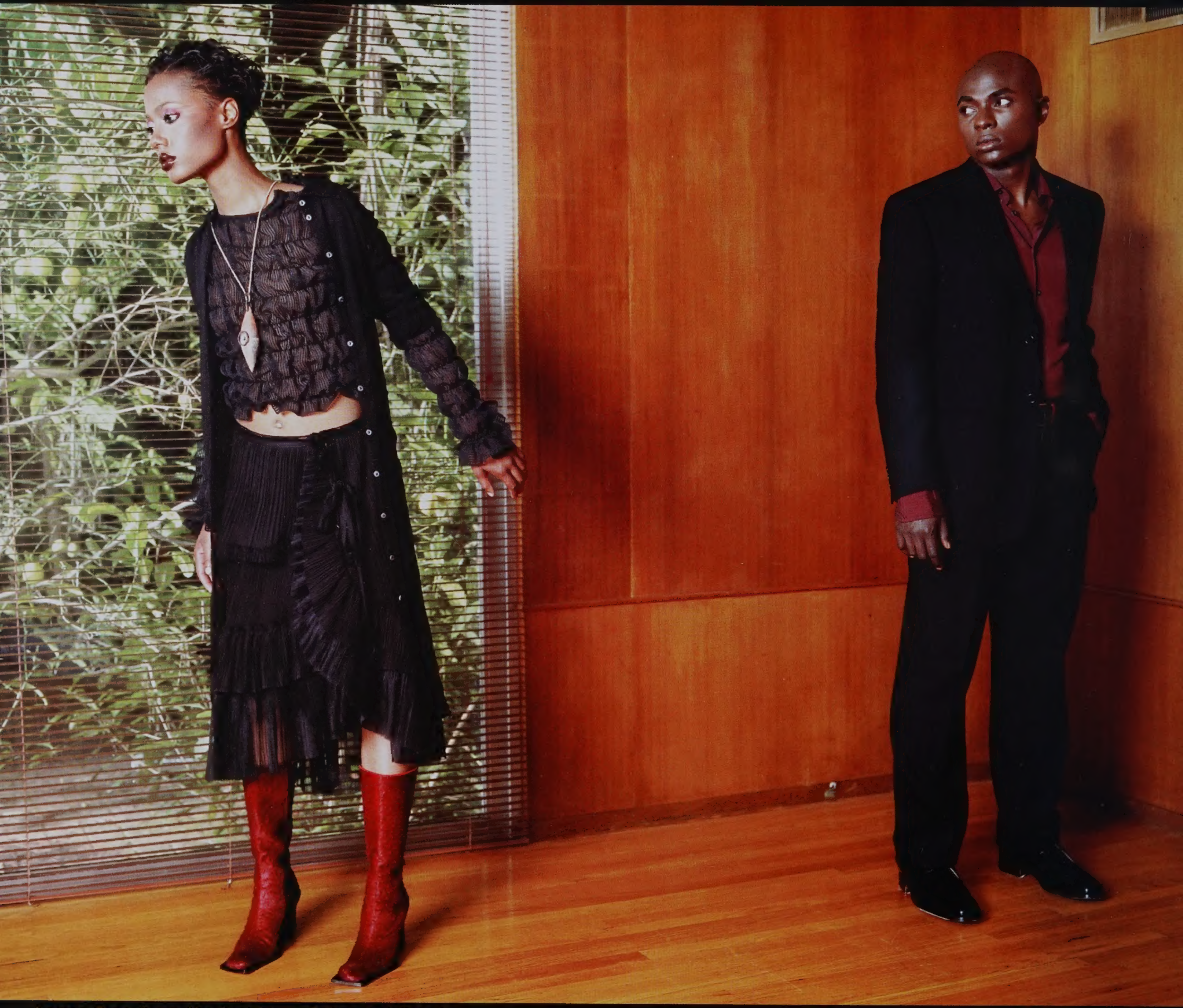
**Lemon Tree ... Lonnie**

Laine Merino Wool Cardigan by Louis Vuitton.
Persimmon cashmere turtleneck sweater by Brunello Cucinell, available at Wilkes Bashford.
Jeans by Louis Vuitton.
Paula Frazer hardwoven mohair wrap, available at Verunica, San Francisco, CA.



**Smoking Jacket ... Derek**

Silk paisley brocade robe by Brenda Kett, available at Wilkes Bashford.
Black nat stretch wool pants by Billy Blue.
Gold paisley silk ascot by Billy Blue.



**Lemon Tree from the inside ... Erica and Derek**

**Erica:**

Shear viscose/rayon button up tunic by Ghost, available at The Bar.
Textured silk organza blouse by Deborah Hampton.
Pleated silk ruffle skirt by Jiwon Park, available at The Bar.
Red ostrich-embossed pony hair square toe boots by Paolo.
Wool, steel, sterling silver pendant by Christina Miller, available at Velvet di Vinci, San Francisco, CA.

**Derek:**

Black 2-button nat stretch wool suit by Billy Blue.
Wine viscose dress shirt by Smith Williams.
Helmut Lang classic men's dress shoes, available at Gimme Shoes.

Fashion Editor: John Mortimer
Photographer: Noel Spirandelli
Stylist: Huy K. Tran for Artist Untied
Hair: Alex for Dipietro - Todd Salon
Makeup: Adam Hood
Fashion Assistants: Christina Lacson and David Bentley
Models: Derek, Erica, Lonnie for STARS Agency

WORKING FOR LESBIAN, GAY
BISEXUAL AND TRANSGENDER EQUALITY

Join us for the sixth annual

# national dinner

HUMAN RIGHTS CAMPAIGN

Stella Byrd and Janet Reno **1999**

Hon. Kweisi Mfume **2000**

Cherry Jones **2001**

Cristina Saralegui **2002**

## sunday october 13 2002

Washington Hilton and Towers,
1919 Connecticut Ave., N.W., Washington, D.C.

**FOR ADDITIONAL INFORMATION**, call 202/216-1527
**TO ORDER TICKETS**, call boxofficetickets.com
**800/494-TIXS** Tickets $250

**HRC NATIONAL SPONSORS**

AmericanAirlines American Eagle · The Advocate · OUT · Mitchell Gold · RSVP VACATIONS · Replacements, Ltd. · Olivia Cruises & Resorts · cingular wireless "What do you have to say?" · boxofficetickets.com

**2002 NATIONAL DINNER SPONSORS** *(as of 7/31/02)*

nea · verizon · Chevron · intel · Shell · IBM · ImageFIRST · HYATT Hotels & Resorts · AFSCME

**MEDIA SPONSORS**

omnistudio · Arise Magazine Feel the Power · VENUS · Kalamar Design Graphic Design/Art Production · HARGROVE Inc

HUMAN
RIGHTS
CAMPAIGN®

Photos by: Judy G. Rolfe, David Hathcox and B. Proud.

# Los Angeles County Contributes Vital HIV/AIDS Prevention Support to the African-American Community

## OAPP Faces up to Challenge of Reaching Groups Most Affected by HIV/AIDS

Los Angeles County remains the second-most HIV/AIDS impacted metropolitan area in the United States, with more AIDS cases than any city except New York. While African Americans make up just ten percent of the Los Angeles County population, they account for twenty-five percent of all AIDS cases reported in 2000.

Photo Credit: Los Angles County Office of AIDS

With the disproportionate increases affecting African Americans, the Los Angeles County Office of AIDS Programs and Policy (OAPP) has expanded its HIV/AIDS prevention efforts to new levels of community and government partnerships. Specifically, a major part of OAPP's success has been to work closely with community based organizations, including neighborhood clinics, faith based organizations, and political advocacy groups. Together, they work to increase access to HIV/AIDS information, care, and support programs for those who need them most.

For example, on February 7, 2002, OAPP collaborated with the Minority AIDS Project, Unity Fellowship Church, and the County of Los Angeles Second Supervisorial District HIV/AIDS Community Coalition to observe National Black HIV/AIDS Awareness Day. This year marked the nation's second annual observance and effort to emphasize the HIV/AIDS state of emergency among African Americans. Charles L. Henry, director of the L.A. County's OAPP, participated in the community rally in Los Angeles's historic Leimert Park. "I am glad this is the *second* National Black HIV/AIDS Awareness Day. But sad that it has been twenty years since the beginning of the epidemic, and there is still a lot to do to stop the spread of HIV," he said, encouraging serious concern by the African-American community in Los Angeles.

The rally included a "human billboard" of over two hundred participants demonstrating posters with HIV prevention messages to ongoing traffic along Crenshaw Boulevard. A call-to-action drumming ceremony with traditional African ceremonial prayers was also a part of the rally.

# 1
KILLER
AIDS

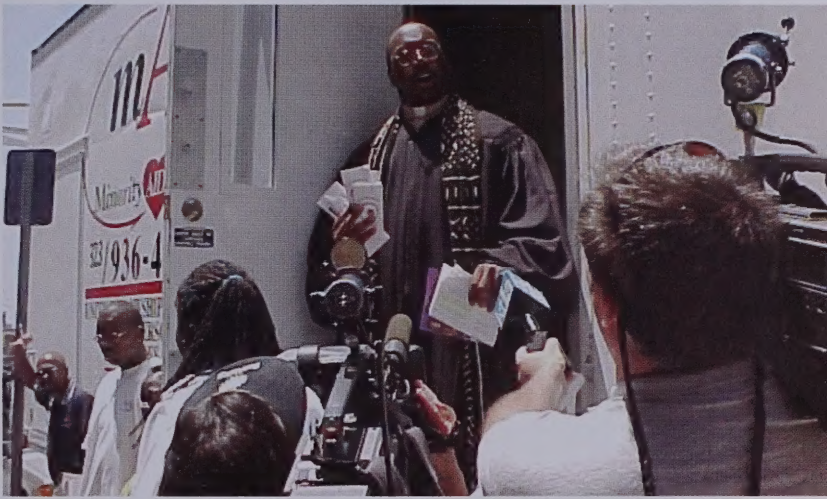
In March of this year, OAPP launched its new "Loving Responsibly Prevents HIV" advertising campaign challenging individuals, as well as families, community, and government, to do their part to stop the spread of HIV/AIDS. This campaign, unlike any other, speaks directly to families and communities of color in asking them to be a part of the solution to control the local epidemic.

"This campaign is intended to help families and communities grasp the reality that HIV and AIDS are real, local problems and that the responsibility to stop new HIV infections falls on each of us," says Jonathan E. Fielding, M.D., M.P.H., director of Public Health for Los Angeles County. "We have learned too much about HIV/AIDS to let it wipe out another generation."

In Los Angeles, about one-half of African-American women with AIDS report that they were infected through unprotected sex with an infected man. This brings to light the issue of men who are secretive about their bisexual activities. Homophobia by the community continues to be a concern that prevents access to HIV/AIDS counseling and treatment. To address this message delivery problem, the "Loving Responsibly Prevents HIV" campaign presents messages with universal themes that apply to all genders, sexual preferences, and age groups.

Knowing *your* HIV status and his
HIV affects everyone.
You should know how it affects you.
Prevent-HIV.com
Loving RESPONSIBLY prevents HIV
1-800-367-AIDS
FREE COUNSELING & TESTING
Funded by the U.S. Centers for Disease Control and Prevention and the County of Los Angeles, Department of Health Services, Office of AIDS Programs and Policy

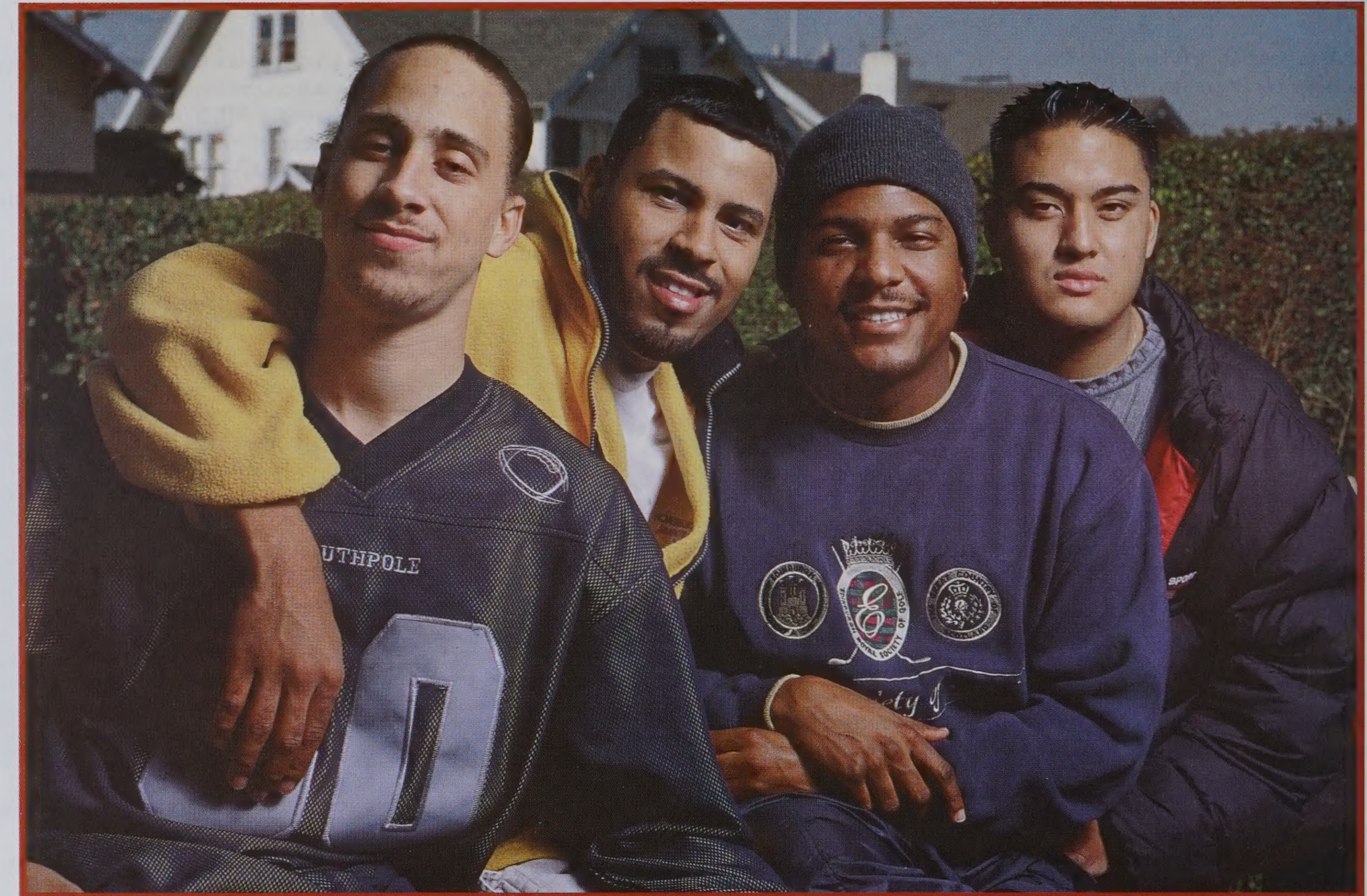
Recently, for National HIV Counseling and Testing Day in June, OAPP endorsed Unity Fellowship Church's observance of bringing the issue of HIV/AIDS prevention into the African-American church. The clergy from U.F.C. encouraged their five hundred members plus congregation and community to increase their awareness of HIV, evaluate their personal risk for HIV infection, be tested as appropriate, and re-commit themselves to preventing the spread of HIV. They also asked their congregation to provide support for those living with HIV to seek medical and other services to promote health and prolong life.



Immediately following the church service, the entire clergy emphasized the simplicity of taking an HIV test by leading the congregation to taking an oral HIV test in a mobile testing van stationed just outside the church. "It is clear that spirituality plays an important role in our lives. We feel it is the responsibility of government, social organizations, schools, family, *and* the church to teach about the importance of HIV prevention, testing, and treatment," explained Rev. Alfreda Lanoix. "Our approach is one that encourages the need to heal, touch, and give people warmth and hope without judging them," she added.

The HIV/AIDS cases in Los Angeles County are rising among low-income communities of color and increasingly evident in the African-American community. OAPP continues its fair share method for allocating funds for HIV/AIDS services to community-based organizations in Los Angeles County. The formula, which is based on the living AIDS cases, poverty, and recent AIDS (cases reported in the last two years), tries to assure that funding parallels cases by allocating resources to areas of most need, which are increasingly communities of color.

For more information on Los Angeles County's HIV/AIDS programs and services, please visit *http://www.LAPublicHealth.org/AIDS*, or for information on L.A. County's current campaign, visit *http://www.Prevent-HIV.com.*



# "*Early* treatment makes the difference."

**While there's still no cure, free HIV/AIDS treatment is available**

With the right HIV treatment and medication you can stay healthy for a long time if you start treatment early.

If you think or find out that you do have the HIV virus, you can get treatment now even if you don't have the money to pay for it.

*You can take care of your body by making responsible choices.*

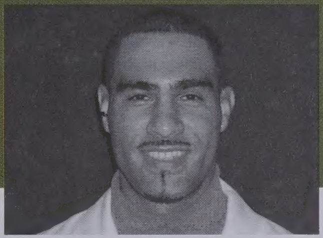
**Loving RESPONSIBLY prevents HIV**

**1-800-367-AIDS**

**HIV TREATMENT IS FREE**

Funded by the State of California, Department of Health Services, Office of AIDS and the County of Los Angeles, Department of Health Services, Office of AIDS Programs and Policy

# DEPRESSION AND MENTAL HEALTH



### by David Malebranche, M.D., M.P.H.

While in San Francisco this summer, away from family, friends and my usual support systems, I watched a lot of TV in my spare time. I witnessed bigoted commentary as the Williams sisters dismantled the Wimbledon competition; unjustified racist cops beat another young brother on videotape; MTV's *The Real World* present another brother as an angry, intimidating menace; and the general media acting like the world was ending as another young white girl went missing.

After a couple weeks, I noticed an interesting change in myself. I began to just exist—I went to work, came home, ate fast food, stopped exercising, went to bed early, and slept late. Headaches came more frequently, and as I talked about all this with a good friend, he asked me if I was depressed. It didn't take me long to answer him. I was.

Depression is estimated to affect approximately eighteen million Americans a year. The nation loses about forty-three billion dollars a year due to missed work days and decreased labor as a result of depressive illness. Symptoms commonly found in depression are the following:

- depressed mood
- loss of interest or pleasure in usual activities
- fatigue
- weight gain or weight loss
- change in sleep patterns
- problems with concentration
- sexual problems (impotence or trouble getting aroused)
- impaired memory
- suicidal thoughts

In clinically-defined "major depression," you must have a certain number of the above symptoms for at least two weeks. But the reality is, many of us suffer from these symptoms regularly, at differing levels of severity, but we convince ourselves that it is nothing.

As black men, we have plenty of good reasons to become depressed in this country: racial oppression in school, work, and stores; discrimination from police, our families, our friends; and even our own internalized sense of self hatred. Many of have been victims of physical and sexual abuse in our families, we suffer from various forms of addiction, and we are disproportionately represented in just about every health category "disparity" known to man. We see visions of ourselves in the media that are gross distortions and misrepresentations of our true selves. When you put all this stress on top of the general life stressors of employment, money problems, love issues, and just the pressure of fulfilling expectations of us as "men," you have a recipe for developing low self-esteem and possibly depressive symptoms. And for those of us who identify as same gender-loving or have homosexual desires, condemnation from our family, community, and churches doesn't make us feel any better about ourselves. It's no wonder with all this that the CDC reports that from 1980 to 1996, suicide rates increased the most among young black males. Just like HIV, this ain't a "white" thang anymore.

The good news is, depressive symptoms can be detected early, and steps can be taken to address the issues:

1. Know yourself. Recognize when stresses are building up and you feel displaced or overwhelmed from your usual routine or flow.
2. Communicate. Examine the roots of these stresses, then

reach out and talk to friends, family members, or loved ones. Keeping problems bottled in can physically manifest as headaches, stomach pain, backache, and fatigue.

3. Get support. Surround yourself with supportive, nurturing, familiar environments and people that are culturally affirming to your spirit.
4. Seek professional help. Sometimes an objective opinion is good, especially if you have friends who just agree with you. Seeing a counselor, social worker, psychologist, or psychiatrist doesn't mean you're "crazy," contrary to black mythology. It means you are strong enough to admit when you need help.

Once you take the steps above, you may need to take further steps to help yourself. The following are some existing treatments for depression:

1. Psychotherapy – individual, group, couple, or family, depending on the situation. Consult with a licensed counselor or trained therapist.
2. Medications – Prozac, Zoloft, Wellbutrin, Serzone, and Remeron are some of the current prescription medications available. All work to restore balance to chemicals in your brain thought to cause depression. Medications may take up to one month to start to work, and some have side effects, the most concerning being decreased sexual desire and inability to orgasm.
3. Herbal supplements – although not proven to be any better than placebo (a sugar pill) in clinical trials, herbs such as St. John's Wort and Ginkgo Biloba are used by many to relieve depressive symptoms.
4. Exercise
5. Relaxation
6. Meditation
7. Accupuncture
8. Yoga
9. Reflexology – treatment of foot tension to treat tension in other parts of the body

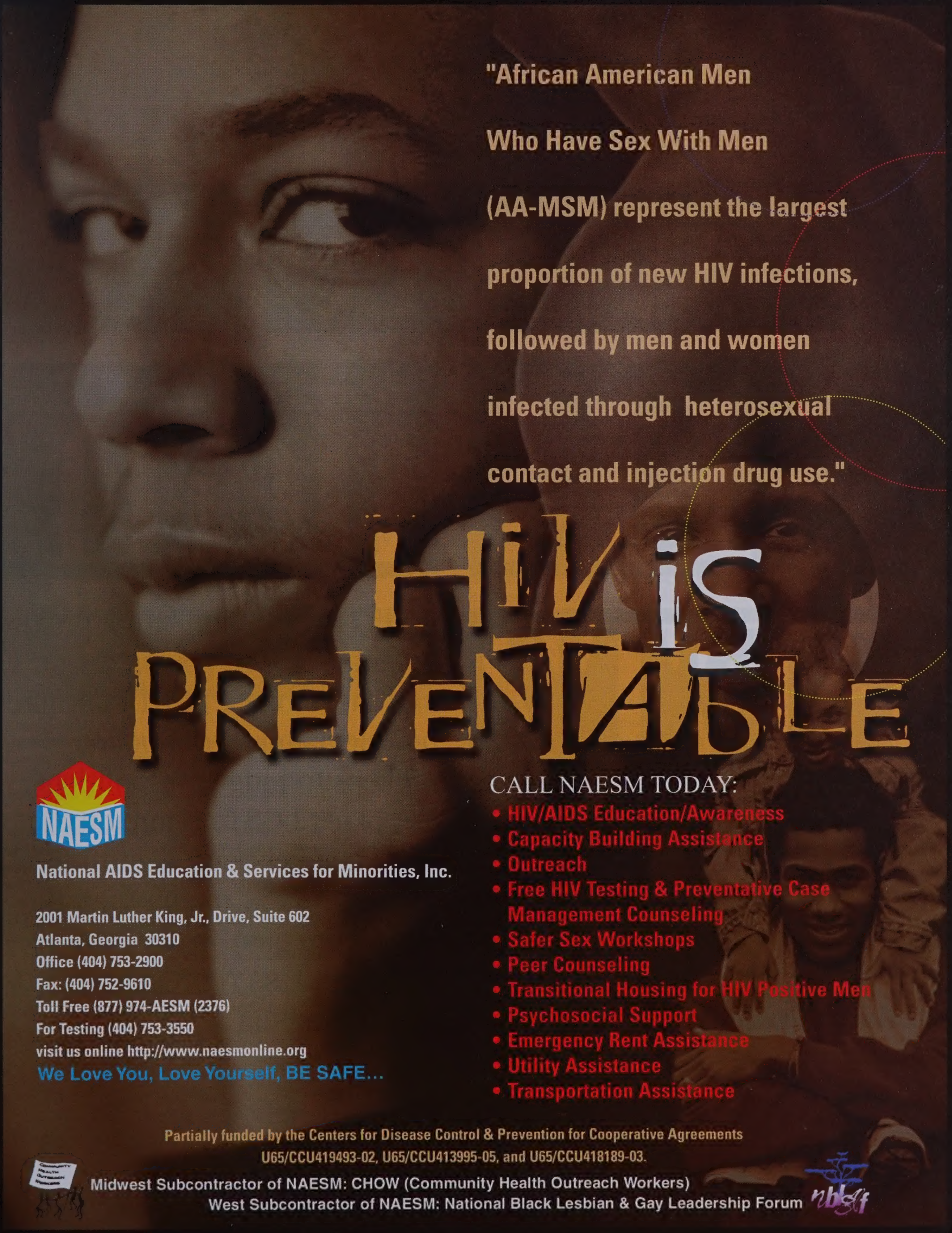
These are just a few options that are available for restoring balance to your mood and function when you are feeling depressed. As always, try to embrace solutions that will not foster codependence on other people, pills, or substances. Medication can help many, but is often only a transient solution to the underlying problem. If we don't address the social forces that influence our mental health as black men, many treatments will merely be numbing agents to coat over our pain, similar to how we use alcohol, drugs, or sex.

I met a young brother in Oakland who was more honest and open with his struggles with depression than anyone I had ever met. It was refreshing to see another black man who was unafraid to acknowledge his issues publicly and take steps to address them, rather than hide behind the escapist avenues of alcohol, drugs, sex, and overblown religious doctrine as many of us (including myself) have done in the past. He was an inspiration to me during my stay in the Bay Area, and was a main reason why my mood lifted over the course of the summer.

Brothers, we cannot and do not have to be the strong ones all the time. We endure undue stress every day under which most folks would either crumble or wither away. When you notice that you haven't been yourself physically or psychologically, put your pride aside and admit that the stress may be too much to handle for you at that moment. It won't punk you out or make you weak—in fact, you will empower yourself in your admission that you are human. Then you can move forward to reach your full potential.

**For more resources on depression,
and for help if you or someone you know
is considering suicide, contact:**

- **WebMD**
  *www.webmd.com*
- **Depression and Related Affective Disorders Association**
  (410) 955-4647
  *www.drada.org*
- **Center for Mental Health Services (CMHS) Knowledge Exchange Network (KEN)**
  (800) 789-2647
  *www.mentalhealth.org*
- **American Foundation for Suicide Prevention**
  *www.afsp.org*
- **National Institute of Mental Health (NIMH)**
  *www.nimh.nih.gov*



"African American Men Who Have Sex With Men (AA-MSM) represent the largest proportion of new HIV infections, followed by men and women infected through heterosexual contact and injection drug use."

# HIV IS PREVENTABLE

**National AIDS Education & Services for Minorities, Inc.**

2001 Martin Luther King, Jr., Drive, Suite 602
Atlanta, Georgia 30310
Office (404) 753-2900
Fax: (404) 752-9610
Toll Free (877) 974-AESM (2376)
For Testing (404) 753-3550
visit us online http://www.naesmonline.org

We Love You, Love Yourself, BE SAFE...

CALL NAESM TODAY:

- HIV/AIDS Education/Awareness
- Capacity Building Assistance
- Outreach
- Free HIV Testing & Preventative Case Management Counseling
- Safer Sex Workshops
- Peer Counseling
- Transitional Housing for HIV Positive Men
- Psychosocial Support
- Emergency Rent Assistance
- Utility Assistance
- Transportation Assistance

Partially funded by the Centers for Disease Control & Prevention for Cooperative Agreements U65/CCU419493-02, U65/CCU413995-05, and U65/CCU418189-03.

Midwest Subcontractor of NAESM: CHOW (Community Health Outreach Workers)
West Subcontractor of NAESM: National Black Lesbian & Gay Leadership Forum

# where am I on BET?

by Loren R. Javier

As I've mentioned in my previous columns, we're seeing more and more black LGBT characters on television. From police officers to judges to politicos, the black LGBT community has stronger representation in entertainment media than it has in the past. Where there has been less representation is in news media.

Sometimes the only place stories about the black LGBT community in news media occur is during the discussion of HIV/AIDS. Certainly, it makes sense that this discussion would include the LGBT community, especially given the recent report at the XIV International AIDS Conference in Barcelona, Spain, that found a staggeringly high number of gay men of color are not aware they are HIV positive. Outside of that, there's little coverage of other issues affecting the black LGBT community.

While this might not be so surprising in terms of mainstream media, isn't it disappointing that the inclusion of LGBT people on Black Entertainment Television (BET) has been less than stellar?

First launched in 1980, BET established itself as a leader for news and information specifically affecting the African-American community. Unfortunately, the network has only given a handful of opportunities for talking about the lesbian and gay community.

This is not to say that the network has not been inclusive of the LGBT community at all or that it has done a bad job in coverage. It's just that, like mainstream media, the vast majority of times in which the community has been visible have been when addressing issues of HIV/AIDS. BET has aired several specials aimed at men, women, and youth that were inclusive of LGBT issues. In fact, just recently, it worked with MTV on a public service announcement campaign designed to outreach to gay men of color about HIV/AIDS. This has been an incredibly important step for the network to educate in a language that can be understood and appreciated. At the same time, this connection only perpetuates the myth that "gay" and "AIDS" are the same.

Coverage has also often been around men who have sex with men, but don't identify as either gay or bisexual (MSM), and the Down Low phenomenon. While an important story to cover, it does not give BET's viewers a sense of the black LGBT community on the whole.

There is a multitude of issues affecting the black LGBT community that could and should be covered by BET. The National Gay and Lesbian Task Force's recent *Say It Loud, I'm Black and I'm Proud: Black Pride Survey 2000,* perhaps the most comprehensive research project on the black LGBT community out there, shows that the issues extend well beyond HIV/AIDS. The report notes, "The Black GLBT community has much in common with the overall Black community, and shares many common concerns with GLBT people of other races. But, Black GLBT people also have particular experiences and concerns." Hate crimes, job discrimination, and isolation from church and religion and family structure are all issues the report cites. Wouldn't it be great to see these issues covered in depth on BET?

GLAAD is currently working to open new doors with BET, the largest network representing the black community. If you would like to help us monitor BET, please contact me by e-mail at *javier@glaad.org.* Also, we encourage you to write BET, thank them for their coverage of the community around HIV/AIDS issues and urge them to tell our stories beyond this issue. You can write them at:

Black Entertainment Television
One BET Plaza
1235 W Street NE
Washington, DC 20018-1211
Phone: 202.608.2000

# COVERING MEN ON THE DL?

By Akilah Monifa

Many publications—from Essence to Ebony, USA Today, Newsweek, and the New York Times—have written sensationalistic stories about men on the "DL/Down Low." The term is used to define some men who have sex with other men but don't identify as gay or bisexual. The 27th Annual National Association of Black Journalists (NABJ) Convention and career fair, held in Milwaukee, Wisconsin, July 31 through August 4, included a workshop to discuss how the phenomenon has been covered and how the journalists would like to see the issue covered in the future. The workshop consisted of four panelists (Phill Wilson, Denise Hollinshed, James Earl Hardy, and Steve Gray), all who had written on the issue of men on the DL. There was universal agreement that the current coverage is sensationalistic and simplistic and also does nothing to decrease the rise of HIV/AIDS or to stop the stigma of homophobia.

Phill Wilson, ARISE contributor, viewed the coverage through his HIV/AIDS activist lens. He sees the current coverage as both homophobic and demonizing of black men and disrespectful toward black women. Another panelist, Steve Gray of the *Washington Post,* also saw the coverage as lacking context and being too complex for a fifteen hundred-word article. Denise Hollinshed of the *St. Louis Post-Dispatch* added that many black women are ignorant about HIV/AIDS and fail to ask sexual partners their HIV status or require safer sex until the results of the HIV tests are available. Novelist James Earl Hardy added that we must move beyond the "sistah watch out" coverage and stop forcing people of all genders on the DL further into the closet.

> IT IS SEXUAL ACTIVITY THAT IS THE RISK, NOT THE SEXUAL IDENTITY OR ORIENTATION OF THE PERSON WHO HAS THE HIV VIRUS.

It is clear that the workshop was a beginning conversation, and that conversation must continue and be informed. Be safe, but also inquire about the HIV status of your sexual partner and get tested multiple times. Recent studies reveal that most people who are HIV positive are unaware of their status. But it is sexual activity that is the risk, not the sexual identity or orientation of the person who has the HIV virus. Write letters to the editor and complain about coverage that does nothing to further our education, protect people, or help stop the transmission of HIV.

Our Common Welfare

**2001 National Life Award Recipient**
for Providing Community HIV Antibody Testing

**Free HIV Antibody Testing**
**No Blood, No Needles!!!**

Our Common Welfare (OCW) has provided an array of specialized services to our community since 1988. A 2001 National Life Award recipient, OCW is highly qualified to assist you.

We offer free, confidential, noninvasive HIV antibody testing with results in 3 days.

Our counseling staff will help you to identify your risks and prepare you to recieve results. If you know someone who may be at risk, please bring him or her along.

**Walk-in or by Appointment**

**Our Common Welfare, Inc.**
Counceling & Testing Office
4329 Memorial Drive, Suite H
Decatur, Georgia 30032
404-296-3090

**Hours:**
Mon. - Fri: 9.00 am - 7.00 pm
Saturday: 9.00 am - 1.00 pm

Next door to DeKalb County Jail in the Exective Square Office Park

Funded by U.S. Centers for Disease Control & Prevention Grant Number U65/CCU419492

CUP NOODLES
NISSIN FOODS
Budweiser
TIMES SQUARE VISITORS CENTER
Panasonic
REUTERS
2002 Wor
Cup
NEW YORK POLICE DEPT

Like most metropolitan blueprints, Manhattan's districts are defined by a grid system of avenues that span its breadth and length. The mention of Fifth, Madison, and Park Avenues invokes symbols of opulence; 7th Avenue is synonymous with the fashion industry; 8th Avenue is where a hard-knock life once lived; and Broadway is home to the city's premier stages. The corridors that sashay from east to west—Canal, 8th, 14th, 34th, and 57th Streets—collectively canvas the gamut of shopping experiences, and every strip of pitch around 125th Street connotes the urban lifestyle. But none is as topical or alluring as the famed 42nd Street.

42nd Street designates Manhattan's Midtown. It unfolds from the Hudson River on the west side, where the Intrepid military museum and sightseeing vessels dock, and rolls across fifteen north-south–running streets before ending at the East Dry River in the shadow of the United Nations plaza.

The 42nd Street of the '80s is where the crime and punishment reality TV we consume today would have been filmed. Seedy Roman bathhouses, twenty-five-cent peep shows, blaring cop car sirens, and torn fishnets cavorting with grimy overcoats were fixtures on the strip of 42nd Street between 7th and 11th Avenues. Today, thanks to the determination of the city's last few mayors, the revitalization of 42nd Street is a done deal—and Manhattan's proudest success story.

At first glance the new 42nd Street may seem like a miniature version of Disneyland minus the rides, but this lively thoroughfare has much more to offer than Walt's brand of animated comic relief. After all, it is 42nd Street that inspired the phrase "the city that never sleeps."

Near First Avenue, 42nd Street is demure and political. Ambassadors from around the world reside in the sleek towers that cluster around the United Nations plaza. The air is generally tranquil on this side of town, unless the president's entourage is visiting. Drifting westward,

a bevy of four-star hotels and pricey restaurants are sandwiched by chic day spas and aromatherapy salons that cater to selective appetites.

Lexington Avenue and 42nd Street is the main intersection for midtown's financial district. Where there's a commerce center there's commerce support: popular retailers Kenneth Cole, Nine West, and Bath & Body Works wage a fierce battle to court the brisk traffic at this junction. Grand Central Terminal, a landmark structure and major hub for railroad commuting, recently opened a worldly fast food court. Upstairs you can fetch a balcony seat to dine on baked clams and filet mignon in red wine sauce at Charlie Palmer's Metrazur, or prime U.S. cuts at Michael Jordan's Steak House.

Park, Madison, and Fifth Avenues lie shoulder-to-shoulder in upscale solidarity. The black suits of doormen and chauffeurs that hum about the gilded doors of Park Avenue strike a quirky juxtaposition to the black bags and helmets of maniac messengers dodging fearless pedestrians one block west on Madison Avenue—once the mecca for Manhattan's ad agency fraternity.

Each year the Irish, Puerto Rican, and gay and lesbian communities of New York get to pronounce their pride by parading down the prestigious Fifth Avenue and across 42nd Street. This intersection is the address of the head branch of the New York Public Library, and an entrance to Bryant Park. This manicured patch of green is a precious sanctuary to thousands of midtown office workers. In addition to the open-air Bryant Park Grill, folks congregate here to attend free public socials and to ride the recently opened vintage carousel. Twice yearly, *fashionistas* flock to these converted greens to schmooze under white tents at the ready-to-wear Fashion Week runway shows.

Times Square is where Broadway, 42nd Street, and 7th Avenue collide. At this intersection seven titanic plasma screens suspended on skyscrapers beam visual noise at you faster than the speed of light. Rotating billboards, scrolling digital tickers, scorching neon lights, and tourists with craned necks bounce trance-like about this capsule of electricity. New to the landscape is the spectacle of screaming, herded tourists serving as live TV audiences for MTV and ABC cameras that pan Times Square to inhale its hip factor.

Off-Broadway stages and savvy restaurants with nightly live performances, like the Soul Café, line the west end of 42nd Street straight to the dockyard doorstep of the Circle Line, which cruises the island's coast from morning to dusk. If you only have forty-eight hours to explore New York, on 42nd Street, your time can go a long way.

2nd ANNUAL
BLACK LGBT
FILM FESTIVAL

Celebrating

the rich culture &
diversity of the
Black LGBT Community
on film

December 6-8, 2002
Brava Theater
2789 24th Street San Francisco

Now Accepting
Entries for
Consideration
Forms Available at
www.blacklgbtff.org
or call 415.771.9271

The Festival needs volunteers!
Download an application at
www.blacklgbtff.org or
call 415.771.9271

presented by:

man 2 man
a program of the
BLACK COALITION ON AIDS

San Francisco Black LGBT
Film Festival

PO Box 15490, San Francisco, CA 94115-5490
415.771.9271 www.blacklgbtff.org

# mentoring matters

by Joi Rhone

Many women of color are taking charge of their careers, networking, finding mentors, and moving up the corporate ladder as a result of that mentoring. Improved career strategies and accompanying success are the theme of a study by Catalyst, a non-profit research and advisory organization working to advance women in business and the professions. *Women of Color in Corporate Management: Three Years Later* is the first longitudinal look at the experiences of women of color in the workplace.

Catalyst tracked a core group of women-of-color managers over the past three years to chart their career movement and outline their steps to success. In a study of 368 women over a three-year period between 1998 and 2001, Catalyst found that fifty-seven percent had been promoted and overall income was up thirty-seven percent.

"The women in this study are clearly taking charge of their careers," Catalyst president Sheila Wellington said. "This is a call to action to companies. These women know the value they bring to organizations, and if their current employers fall short, many are willing to find employers that are actively working to create workplaces where women's contributions will be valued."

There is a marked increase in the number of women who have developed mentor relationships since 1998. Over half (fifty-eight percent) now report having a mentor, up from thirty-eight percent in 1998.

- Sixty-two percent of African-American women have mentors
- Fifty-one percent of Asian-American women and fifty-two percent of Latina women have mentors

"Mentorship is critical to advancement," Wellington said. "Seven out of ten women of color who had a mentor in 1998 have since had a promotion. What's more, Catalyst found that the more mentors a woman has, the faster she moves up the corporate ladder." About half the women have a mentor several job levels above their own, while ten percent consider a peer to be a mentor. Of the women's mentors, thirty-five percent are white men, nineteen percent are men of color, twenty-one percent are white women, and twenty-five percent are women of color.

Women who hold top jobs in their organizations are few and far between. Currently, women of color comprise a mere 1.3 percent of corporate officers in 400 of the Fortune 500, according to *2000 Catalyst Census of Women Corporate Officers and Top Earners.* For small businesses and women of color who seek to advance their careers and/or businesses, mentoring is something that should be explored and explored seriously. There are many organizations that have a commitment to mentoring as a focus:

- American Association of University Women – *www.aauw.org*
- American Business Women's Association – *www.abwahq.org*
- National Federation of Black Women Business Owners – *500 Massachusetts Avenue, N.W., Suite 5, Washington, D.C. 20005, (202) 833-3450*
- National Association of Women Business Owners – *www.nawbo.org*
- Women in Film – *www.wif.org*
- National Coalition of 100 Black Women – *www.ncbw.org*

Mentoring can be informal or formal. Look at the people around you that you admire and ask them to guide you and direct you in the ways of maneuvering and pushing forth your agenda. You might be surprised how many people are willing to help you become a success!

Joi Rhone is principal and owner of Rhone Consulting. For more than eight years, first as jlr & associates and now as Rhone Consulting, the organization has earned a reputation for providing skilled and practical guidance on the technical needs of non-profit corporations. For more information on the services of Rhone Consulting, please email *info@rhoneconsulting.com* or call (877) 440-4757.

MOCHA
coalition

We address the questions that were left unanswered

The MOCHA Coalition is an association comprised of the Chicago Department of Public Health and seven community based organizations (CALOR a division of Anixter, Greater Chicago Committee, Horizons Community Services, Howard Brown Health Center, Minority Outreach Intervention Project, South Side Help Center, and Test Positive Aware Network) synergistically working to improve the lives of African American and Latino gay men.

MOCHA
Chicago Department of Public Health De Paul Center, Room #200
333 S. State Street Chicago, IL 60604
(312) 747-9662 - office (312) 747-9663 - fax

Department of Health Staff

Victor R. Pond
Interim Director/Training Coordinator

Luis Scaccabarrozi
Project Coordinator/Evaluator

Marshall Miles
Project Administrative Assistant

MOCHA Partner Agencies and Representatives

CALOR
Martin González-Rojas
(773) 395-8301 ext 30

Greater Chicago Committee
Vaughn Taylor
(773) 287-3263

Horizons Community Center

Rickey Sain, Sr.
(773) 472-6469

Howard Brown Health Center
Borris Powell
(773) 388-1600

M.O.I.P.
Brandon Armani
(312) 986-0661

South Side Help Center
Robert Ames
(773) 489-5678

Test Positive Aware Network
Anthony Clark
(773) 989-9400

VIDA/SIDA
John Colon
(773) 278-6737

For Diverse People of African Descent
FEEL THE POWER

# Can the Leadership Forum Be Salvaged?

"The emperor has no clothes," is how writer/publisher Stanley Bennett Clay, a regular attendee, characterized this year's lackluster National Black Lesbian and Gay Leadership Forum conference held in Detroit in conjunction with the city's seventh annual black gay pride celebration, Hotter Than July (HTJ). And lackluster may be perhaps too polite a term. "Anemic," and even "dead," was heard numerous times throughout the weekend. Whatever the case may be, with scarcely fifty registered participants, the NBLGLF is clearly in deep trouble and teetering on the brink of obsolescence, if not outright oblivion.

At the Hotter Than July opening banquet last year, Brenda Crawford, chairperson of the Forum's board, boldly stated the intent of her group to bring one thousand delegates to Detroit in 2002—a boast that rang hollow when Crawford herself turned out to be a no-show at this year's conference. With the exception of the facilitators, most of the workshops were virtually devoid of participants, and many were cancelled.

Certainly the fault does not lie with the efforts generated by Johnny Jenkins, president of Detroit Black Gay Pride, or his board, who intensely lobbied the Forum and hoped that by combining the two events, there would be a reciprocal payoff of increased attendance to both. Hotter Than July was a huge success despite some glitches of its own, such as rain on the day of the picnic. The opening ceremony, Pride March, the only of its kind for a black gay pride celebration, saw its numbers swell from fifty attendees last year to well over two hundred this time around. Detroit Black Gay Pride also landed Ford Motor Company as its largest corporate sponsor, which bequeathed a $5,000 grant, making it the first auto company to endorse a black pride.

Alvan Quamina, executive director of the ailing fifteen-year-old Leadership Forum, is keenly aware of the need for intense soul-searching—even while maintaining that the organization is fiscally sound. "We are prepared to fail at a conference—to say we've failed," he professed from his room high a top the Crowne Plaza Pontchartrain Hotel. "You cannot prepare to win if you are not prepared to fail and learn from it. It will make out next conference better because we will learn from it. Certainly we have to debrief and discover what went wrong."

One huge factor is simple mathematics. At its height in the early 1990s, the Forum enjoyed a membership base of nine thousand, a number that has shriveled to a paltry two hundred fifty today. Quamina is quick to point out that when he came on board as executive director in 2000, he inherited an organization that was mired deeply in debt, a situation he was able to reverse quickly during his short tenure and has continued to operate in the black despite losses incurred by this year's conference. He goes on to say, "It is a national entity—we are not interested in anything less in terms of scope. The Forum is definitely a national organization based on where our governance comes from. It's drawn from around the country."

> "You cannot prepare to win if you are not prepared to fail and learn from it."
>
> —Alvan Quamina, executive director, NBLGLF

Quamina underscores his point by talking not of factors that are qualitative, but rather of quantitative issues. For example, the Forum currently has a budget surplus of $600,000 and has finally been able to hire a paid staff of six full-time employees. It is also about to approve the addition of several new board members from a list of candidates from across the nation. "If we come out of this conference with a doubled board of directors after two years of not being able to attract new members, then that fact alone can be called a success."

Quamina explains that grant money woes plague the Forum as well. Grants monies are targeted specifically for producing the conference and are separate from the surplus money that is used to produce other programs. "This year, we were possibly too organized, and didn't get the funding," he states ironically. "In the past years, we've gone to the CDC in the last minute—desperate, but out of synch with the competition. Perhaps the lesson is we have to create an artificial crisis. Sticking to the rules seems to have penalized us."

Hester Wheeler, executive director of the Detroit branch of the NAACP, was the keynote speaker at the conjoined HTJ/NBLGLF Genesis Summit banquet. He acknowledged the disaffection felt by the African-American lesbians, homosexuals, and transgenders, stating, "Being black and gay is like being a Negro to the third power. I know the pain of being stigmatized. The challenge is not to be paralyzed." Quamina later picked up that theme, saying, "The Forum intends to be the NAACP of the black LGBT community."

And perhaps therein lies the solution. Jenkins strongly urges the Forum to take that sentiment to heart—by allying itself with a national civil rights organization such as the NAACP through a corporate partnership, as Detroit Black Gay Pride has. "If other black organizations accept the same civic duty that HTJ has, then the Forum will find direction and success down the line," Jenkins sagely remarks. "Wherever the Leadership Forum decides to take the next step, DBG Pride is right there with them."

> "The workshops could have been more interesting.... There could have been more girls."
>
> —Kristin Benward, conference attendee from Oakland

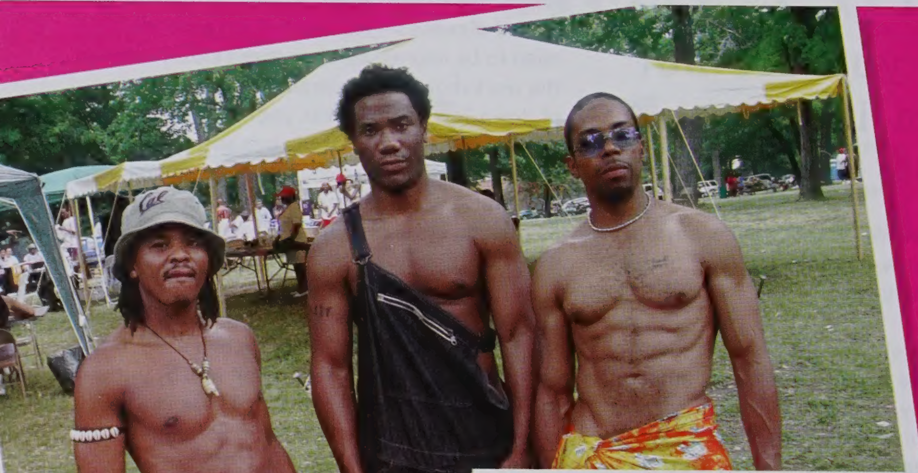
Another answer could come in the form of closer ties to the International Federation of Black Gay Prides, which would allow the Forum to tap into grassroots community coalitions that could be key to its survival and future success. Quamina indicates that he is open to some variation of the suggestion. "We are committed to continue to collaborate with the Prides." In fact, the next conference will be held in New Orleans with the S.M.A.A.C. Youth Conference the fourth weekend of August 2003.

The simplest answer yet to the dilemma comes from the younger generation that the Forum hopes to groom to move its agenda forward in the future. "The workshops could have been more interesting," said Kristin Benward, a twenty-one-year old from Oakland. "There could have been more girls."

Deantwayne Hall, a nineteen-year-old youth volunteer from a Detroit outreach organization called Men of Color, agrees that the workshops were a major weakness. While stating the Forum staff was very professional, he noted that only one person showed up for the youth health institute that dealt with downer topics like HIV/AIDS and other sexually transmitted diseases—issues that desperately need to be impressed upon these kids. However, the workshop that covered the steamy topic of down-low brothas was packed. "The youth wanted the sex but not the health," Hall complained. "Those things could be combined." He and Benward concurred that they would not attend another conference based on their experience at this one.

During the NBLGLF's award ceremony at the Billionaire Boys Club brunch, transgender Forum board member Roosevelt Mosby put out a desperate call for help. "There is a perception that the Leadership Forum could not be touched. That's not true. It's for us!" He emphasized that it is up to the LGBT community to step up to the plate and revitalize the ailing organization. Speaking in general terms, he upbraided the gay community for its willingness to spend money on the clubs and cocktails yet typically be absent on important issues such as this one.

Kenneth T. Jones, research director of the *Black Pride Survey 2000,* who facilitated a town hall meeting during the Genesis Summit to announce the survey's findings, summed up the entire situation in a single succinct statement: "Whatever the black gay movement is going to evolve into, it's going to take partnerships with allies."



4
FULL TRUTH FELLOWSHIP

Photo credit: Jason A. Michael

1. Brothers from Oakland AIDS Project of the East Bay
2. Ruth Ellis Outreach Team
3. Debra Posey & June Washington
4. Ministers Darlene Franklin and Solomon Belle

8
llis Cente
BTQ
Shelter

9
FULL TRUTH FELLOWSHIP OF CHRIST CHURCH

5. Young Brothers from Men Of Color HOUSE
6. Brunch
7. D'Angela Show Shannon & her Children
8. Hotter Than July Pride March
9. Full Gospel Choir Members

# AIDS Also Kills Integrity...

by Sharyn Grayson

For more years than I care to remember, I've been totally dumbfounded by the appointments, hiring, and promotions of certain persons who work in the HIV/AIDS arena. I just cannot conceive—in my mind, and my heart—how some of these people go home, socialize with their friends and families, and lay down for a full, uninterrupted night's sleep! I assume they sleep well, given the fact that countless numbers of men, women, and children are dying—hourly—while the most important factors in the hearts and minds of these so-called "leaders" are their salaries, benefit packages, travel plans ... oh yes ... and their "titles."

Many years ago, while working for an ASO in Oakland, California, I remember my firm testament (to my supervisor) was that, "I only wanted to do the work." She could handle all the politics because I wanted absolutely no part of it! She listened quietly as I went on a tirade about all the ills of the HIV/AIDS political arena. Looking me straight in the eye, she calmly responded that, "I couldn't have one without the other, as they go hand in hand." From that day, and the experiences that followed over the years, my entire perception of work in the HIV/AIDS field took on a new and profound meaning.

Now, after years of working in activism, outreach, administration, program directorships; and sitting on countless review teams, task forces, working groups, committees, and boards I can honestly say that my rose colored glasses—which I first donned in 1978 when my best sister girlfriend lost her battle to a strange disease the Los Angeles County General Hospital staff diagnosed as "a form of cancer" (a.k.a. KS, Kaposi Sarcoma)—have come off. I guess my intense sensitivity about the ridiculous and inhumane circumstances involving medical treatment for transgender men and women, especially after losing such a warm and vital spirit as my friend, set me firmly on my path to do my part, so that others would not have to endure such indifferent treatment during their suffering. Yet, even at that time, none of us knew what was yet to come.

Never in my wildest imagination would I ever have believed that, in the years that followed, while hundreds of persons were dying alone, often amid conditions that were considered tremendously deplorable, there would be others sitting in very well-paid positions of authority and power with little concern for change in HIV/AIDS policies. The immediate focus and concerns for these "community peers" were personal travel itineraries, salary increases, and other self-enriching projects.

Now this is not in any way meant to suggest that all persons in leadership roles in today's HIV/AIDS war are only there for the money.

But, in her June 2002 article *Dollars and Death (A&U Magazine),* writer Patricia Nell Warren certainly poses some interesting facts about the high incidence of corruption, misspending, and funds misappropriations surrounding AIDS.

She particularly notes the scandals in Puerto Rico, which were brought to light by activist Jose Fernando Colon. Through his efforts over the years, in 1999 five directors of the San Juan AIDS Institute were found guilty of embezzling $2.2 million from patient care between 1988 and 1994. Can you imagine that? Court testimony showed that Ryan White funds were diverted into offshore accounts and political campaigns. The FBI and a grand jury are now investigating this situation, with additional arrests made.

As Ms. Warren so appropriately queries, the ongoing Puerto Rican scandal raises a huge human question: *How many individual persons with AIDS—around the world—have died or suffered injury as a direct result of AIDS fraud and misappropriation?*

Do we really know? Do we want to?

People who steal or misspend AIDS funds can do devastating injury to others, as both Ms. Warren and Mr. Colon agree. Mr. Colon has personal information about numbers of Puerto Ricans who died because money meant for medical services and treatment was unavailable. Sadly, he himself lost his partner of seventeen years, simply because they were informed there was no money for needed medications.

For years, I have called for a reckoning in this matter on our own shores. At some point we must hold persons accountable for criminal activity that leads to senseless injury or death.

Recently, I've also had contact with Kevin Nuttall, an AIDS activist in North Carolina, who is demanding answers about funding for specific AIDS housing in his area.

Kevin is part of a growing team of dedicated individuals who are serious about providing resources and information for the HIV/AIDS consumers around the country. Together, they are utilizing their collective expertise in such areas as lobbying Congress, providing legal support for persons wishing to make complaints against their ASOs, etc.

As many of us already know, persons suffering the effects of HIV/AIDS are fearful of losing what few valuable services they may already be receiving if they verbalize any discontent about their local ASO. So they keep quiet and don't make waves. Kevin Nuttall refers to this situation as, "consumer disenfranchisement."

So in some cases, there is no merit in coming forth and expressing honest feelings about the services you do receive as a person living with a life-threatening disease. This probably accounts for the fact that there are so few of the actual consumers, for whom funding decisions are being made, seated at the decision-making tables. Being a whistleblower is not necessarily a good thing.

Nonetheless, the rest of us must continue to fight for accountability and integrity within the HIV/AIDS services community.

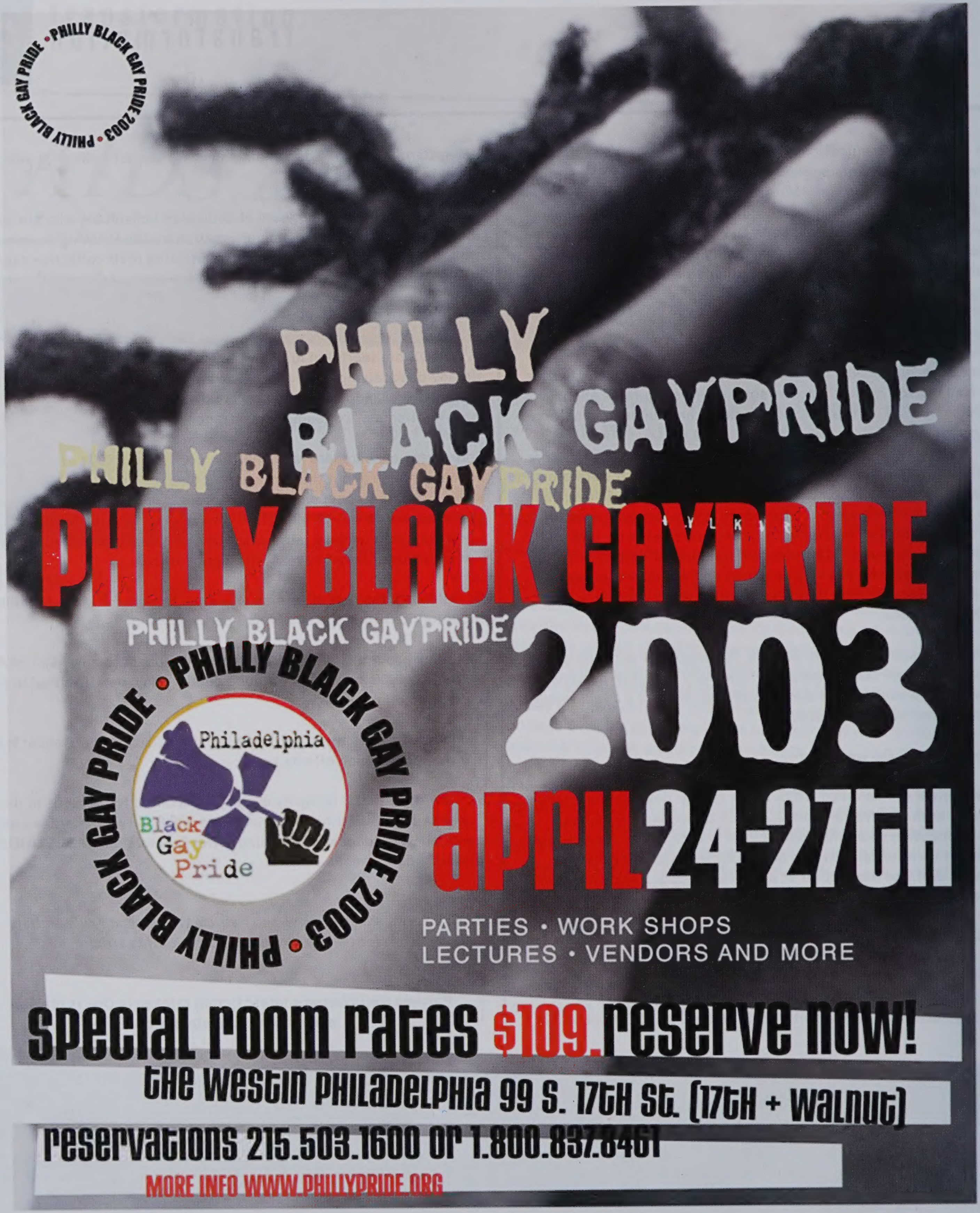
Just think about this: of the 448,060 people thought to have died of AIDS by the year 2000, how many of those deaths may be attributed to funding related crimes?

I don't need to tell any of you what you need to, or can do, about this rising atrocity which affects us all.

But I do know that if integrity is a key component for persons in decision-making roles within the immediate AIDS services field, we all stand a better chance of attending fewer funerals due to HIV/AIDS related circumstances.

*A very special thank you to Patricia Warren and Kevin Nuttall for their gracious support with this article.*

Patricia Nell Warren's latest fiction release is *One Is the Sun,* available at *wildcatpress.com*


• PHILLY BLACK GAY PRIDE • PHILLY BLACK GAY PRIDE 2003
PHILLY BLACK GAYPRIDE
PHILLY BLACK GAYPRIDE
PHILLY BLACK GAYPRIDE
• PHILLY BLACK GAY PRIDE • PHILLY BLACK GAY PRIDE 2003
Philadelphia
Black Gay Pride

# PHILLY BLACK GAYPRIDE 2003

## APRIL 24-27TH

PARTIES • WORK SHOPS
LECTURES • VENDORS AND MORE

**special room rates $109. reserve now!**

the westin philadelphia 99 S. 17th St. (17th + walnut)

reservations 215.503.1600 or 1.800.837.8461

MORE INFO WWW.PHILLYPRIDE.ORG

# SUBSCRIBE NOW!

## 12 Exciting Issues for $35.00

to subscribe drop this card in the mail or visit us at: www.arisemag.com

ARISE
For Diverse People of African Descent
BLACK
the photography of
John Healy
7 STEPS TO REJUVENATE YOUR LIFE
BLACK FINE ARTS SHOW
SPA ANYONE?
FEEL THE POWER

ARISE

---

ARISE FEEL THE POWER

ARISE Magazine is born out of the stuff that challenges us to reexamine what we thought we knew, raise the stakes a little higher and pursue a dream that almost seems beyond our reach. We recognize that to ARISE, one must be willing to move on up a little higher in the knowledge of self and the world around us. ARISE is here to articulate the message of success, hope and courage embodied in the spirit of African American people who are accomplishing prodigious feats, in spite of the odds.

☐ Yes! Start my subscription to ARISE today.
I'll get 12 issues for just $35.00.

Name
Address
City State Zip Code
Email
☐ Payment Enclosed ☐ Bill Me

---

ARISE FEEL THE POWER

ARISE Magazine is born out of the stuff that challenges us to reexamine what we thought we knew, raise the stakes a little higher and pursue a dream that almost seems beyond our reach. We recognize that to ARISE, one must be willing to move on up a little higher in the knowledge of self and the world around us. ARISE is here to articulate the message of success, hope and courage embodied in the spirit of African American people who are accomplishing prodigious feats, in spite of the odds.

☐ Yes! Start my subscription to ARISE today.
I'll get 12 issues for just $35.00.

Name
Address
City State Zip Code
Email
☐ Payment Enclosed ☐ Bill Me

---

ARISE FEEL THE POWER

ARISE Magazine is born out of the stuff that challenges us to reexamine what we thought we knew, raise the stakes a little higher and pursue a dream that almost seems beyond our reach. We recognize that to ARISE, one must be willing to move on up a little higher in the knowledge of self and the world around us. ARISE is here to articulate the message of success, hope and courage embodied in the spirit of African American people who are accomplishing prodigious feats, in spite of the odds.

☐ Yes! Start my subscription to ARISE today.
I'll get 12 issues for just $35.00.

Name
Address
City State Zip Code
Email
☐ Payment Enclosed ☐ Bill Me

SUBSCRIPTION OFFER

PLACE
STAMP
HERE

ARISE
1533 41st Street
Sacramento, CA 95819

---

SUBSCRIPTION OFFER

PLACE
STAMP
HERE

ARISE
1533 41st Street
Sacramento, CA 95819

---

SUBSCRIPTION OFFER

PLACE
STAMP
HERE

ARISE
1533 41st Street
Sacramento, CA 95819

---

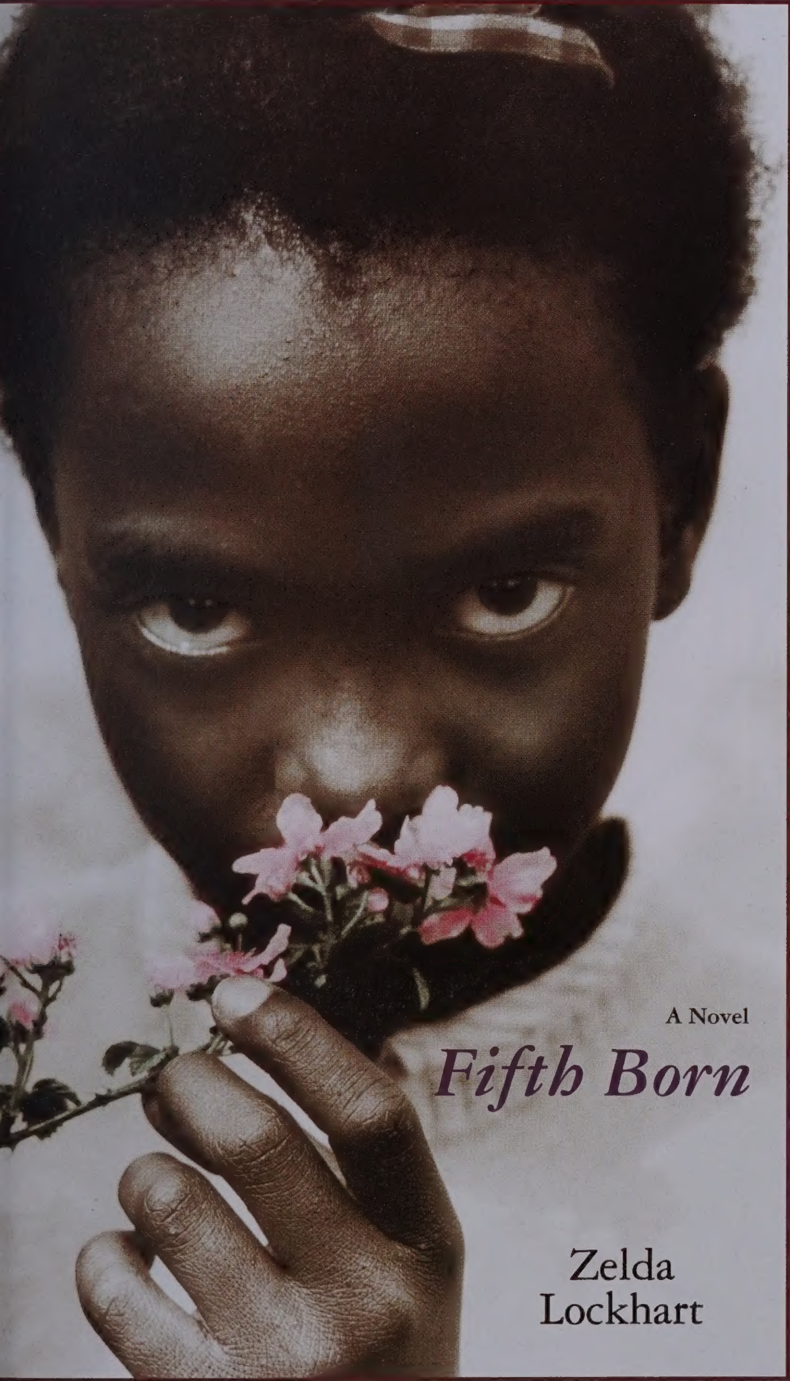
# SUBSCRIBE NOW!

12 Exciting Issues
for $35.00

to subscribe drop
this card in the
mail or visit us at:
www.arisemag.com

ARISE
For Diverse People of African Descent
BLACK
the photography of
John Healy
7 STEPS
TO REJUVENATE YOUR LIFE
BLACK FINE ARTS SHOW
SPA ANYONE?
FEEL THE POWER

ARISE



# fifth born

## A NOVEL

## by

## Zelda Lockhart

Set in the early 1970s in rural Mississippi and Missouri, *Fifth Born* paints a sometimes humorous, yet profoundly disturbing picture of family dysfunction. Writing with a lyrical voice, Lockhart presents a novel that is as sensitive as Toni Morrison's *The Bluest Eye* and as vivid as Edwidge Danticat's *Breath, Eyes, Memory.* Lockhart skillfully introduces us to the central character, Odessa Blackburn, and immediately the young Odessa commands our compassion as she struggles to survive against her family's corrupted perception of reality.

When Odessa is three years old, she is sadden by the death of her grandmother and clings to her memory as she longs for her mother's attention and a place of acceptance in her family. When her father, Loni, brings his niece Devon and her daughter, Gretal, from Mississippi to live with his family, Odessa finds both rival and a companion in Gretal's ornery presence.

At the age of five, Odessa is molested by her father. Her emotionally distant mother, Bernice, is aware of the abuse, but rids herself of the guilt by slapping Odessa into a state of memory loss and silence. As the years pass, Bernice gives birth to three more Blackburn children, and her emotional distance from her daughter increases as she tends to her alcoholic husband, leaving eleven-year-old Odessa to care for her three younger brothers.

## book review

For Odessa and her siblings, the unpredictable drunkenness of their father is countered by the comic relief they find in their daily kids' play. Unfortunately, behind the tactics of their survival, a myriad of secrets unfold, and Odessa is the silent witness to them all. First she sees her mother having an affair with her father's more successful brother, Leland, and later bears sole witness to the tragedy of her father killing him. Loni benefits from the murder of his brother by inheriting his tavern and store. His family forgives him for the years of alcoholic hostility because he can now provide them with the pacifying comforts of money. Odessa, on the other hand, knows the truth of her fathers' good fortune and does not allow material things to dilute the bitterness she holds for him.

Loni threatens Odessa with stories of hunting deer and female rabbits in an attempt to intimidate her into a continued silence. But memories of her grandmother's word and her own maturity awake a defiance in Odessa that makes her impervious to his harassment. Her father responds to her inner strength by sexually molesting her again.

Tired of being abused by her family, Odessa bravely voices her concerns to her mother, who responds by beating her and covering up the violence with a lie about Odessa falling down a flight of stairs. Devastated by her mother's unwavering deceitfulness, Odessa does not defend herself when her parents lead their children to believe that her misbehavior is an act of resistance to the family's new and improved life. She is then placed in a hopeless position where telling the truth is perceived as the manipulation of a troublemaker.

Odessa feels as if her parents, siblings, and even her faith in God have betrayed her, until, in the heat of a Mississippi summer, she walks away from her disturbing circumstances. It is a chance meeting with an estranged relative, Ella Mae, that awakes the complex truth about the web of lies that have ensnarled her that forever changes the course of her life.

*Fifth Born* is gracefully written, and Lockhart not only demonstrates her shimmering talent as a novelist, but also her immense gift for masterfully weaving humor and beauty into the conflicting emotions that lie at the heart of such disturbing and complex issues.

*An Atria Books Hardcover; ISBN 0-7434-1265-6;*
*Publication Date: August 6, 2002;*
*Price: $24.00*

*zelda lockhart photography by Barb Dybwad*

# WAKE!!!

Awake over the myths of scaring young minds
Into seeing reality for what it is.
Alone, for the mind can take you places, seen by our
Ancestors who paved many ways.

What is it to fall deep into a serene state,
Knowing you will overcome the hurt and anxiety.
Why love a love that can't love you back.
Come one for two is way too many.

I sit in a daze of seas angry by the wind
Of false hope.
But I awake to the joy of angels flapping
Their wings, praising the one God known to
Many.

I see visions of colors, drawn like red
Clay in a mossy ditch.
A country land cultivated by the hands of
Our brothers and sisters.

I then awake to see we have come so far in this
World of suffering
To know that being awoke is like
The treasures of the Nile.

By Jhahbriel C.E. Moore Sr.

FIRE & INK
A Writers Festival for GLBT People of African Descent

**September 19-22, 2002**

University of Illinois, Chicago
Chicago Circle Center, 750 S. Halsted

Join other GLBT writers, thinkers, teachers, publishing and other media professionals of African descent for the first national Black GLBT literary festival.

Panel Discussions
Workshops
Readings by Established and Emerging Artists

Keynote: Thomas Glave, Fulbright Scholar and 1997 recipient of the prestigious O. Henry Award for Fiction

Presenters include Samuel Delany, Keith Boykin, C.C. Carter, Cheryl Clarke, Jewelle Gomez, James Earl Hardy, Dwight A. McBride, Letta Neely, Michelle Parkerson, Robert Reid-Pharr, Reginald Shepherd, Pamela Sneed, Marvin K. White and Bil Wright among others.

**Registration: $75 if pre-registered by August 9th** **$100 thereafter and onsite**
**$50/day passes available**

To register make check payable to AFFINITY and mail it along with your contact information to: Lisa C. Moore, P.O. Box 15571, Washington, DC 20003.

To register by **Visa/Mastercard** please phone.

For further information contact: **Fire & Ink** **202-452-7440** **FireandInk@aol.com**

Sponsored by the Department of African-American Studies of the University of Illinois at Chicago, Northwestern University's Department of African American Studies and Gender Studies Program, and Affinity Community Services.

# Another Reason to Smile

### D. W. Henderson

Your beautiful soul passes by me,
And the glow from your heart warms the winters of mine.
When I look into your eyes,
Sparkles of joy replace dim shadows of my doubts.
The quality of your karma is magnificent.
It is the perfect silhouette to a body with generous layers of
Grace and soft curves, dancing in perfect harmony.

I fell in love.
I fell for years and years.
I fell and fell
And when I landed,
I was in another universe;
Joined with a soul unlimited with wonders.
In a place full of peace and spiritual clarity.

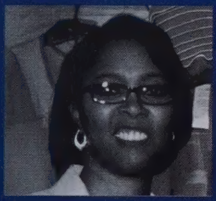
Your beautiful soul passes by me,
Seducing passions of my human spirit,
Nurturing its hunger by touching its pulse.
And in your touch there is proof of love.

True treasures are better shared than captured.
The air we breathe is free.
The sun that warms is free.
Free to leave me with the smiles
Of having been touched by a beautiful soul.

illustration by Claibourn Hamilton

# Variable Life Insurance's Potential for Tax-Deferral

## May Go Unnoticed by Many Consumers



by Denise Liggett

While Americans pour billions of dollars into savings plans annually to help prepare and save for retirement, they may be far less aware of several life insurance benefits that can offer tax savings and tax deferral opportunities. Consumers' unfamiliarity with these opportunities means life insurance remains a highly recognized, but often misunderstood, vehicle.

Most people view life insurance as a means to provide financial protection and peace of mind for their families. Many, however, are unaware of the fact that the life insurance death benefit is generally paid income tax free. In other words, proceeds at the time of death from a life insurance policy are normally provided to the designated beneficiary with no income taxes deducted. As individuals look for effective ways to protect their families and businesses and to leave something to their heirs, life insurance represents one of the last truly income-tax-free savings vehicles still available.

Those seeking additional savings options may want to take a look at life insurance policies that offer potential tax-deferred cash value growth. Savers who also have a need for life insurance may be interested in products that offer both life insurance protection and cash value accumulation in one package. Perhaps the most versatile of these hybrid insurance products is Variable Universal Life (VUL) insurance.

With VUL, consumers have the added value of access to an array of investment options that can be an integral part of a long-term tax-deferred accumulation plan.* Many VUL policies offer top-quality, brand-name investment options, often from premier money managers, giving consumers a variety of options covering all asset classes including stocks (both domestic and international), bonds, money markets, and often a guaranteed interest option.

What's more, consumers benefit from VUL's built-in flexibility that allows for adjustments to coverage and premium payment amounts (restrictions apply) and gives access to cash value throughout the life of the policy as needs and objectives change. Many policies provide the freedom to choose the asset mix that best suits an individual's tolerance for risk as well as one's investment time horizon. In fact, many insurers have programs that can help determine a customized asset allocation for each client.

Consumers who want to take advantage of VUL's protection feature should not overlook the tax benefits of accruing cash value in these policies. VUL enables consumers to secure more than life insurance protection when they contribute additional funds to help build cash value. Remember that all potential earnings are income tax deferred so the cash value has an opportunity to grow faster.

As long as the policy remains in force, consumers can withdraw or borrow** money from the cash value when needed to help pay for college tuition or a down-payment on a new home. The concept is similar to borrowing from a 401(k), except that the money doesn't need to be repaid until the death of the insured or when the policy is surrendered.

If this combination of life insurance, investment features, and flexibility sounds appealing, contact a local financial professional who can provide the details and help provide educated choices about life insurance needs and options.

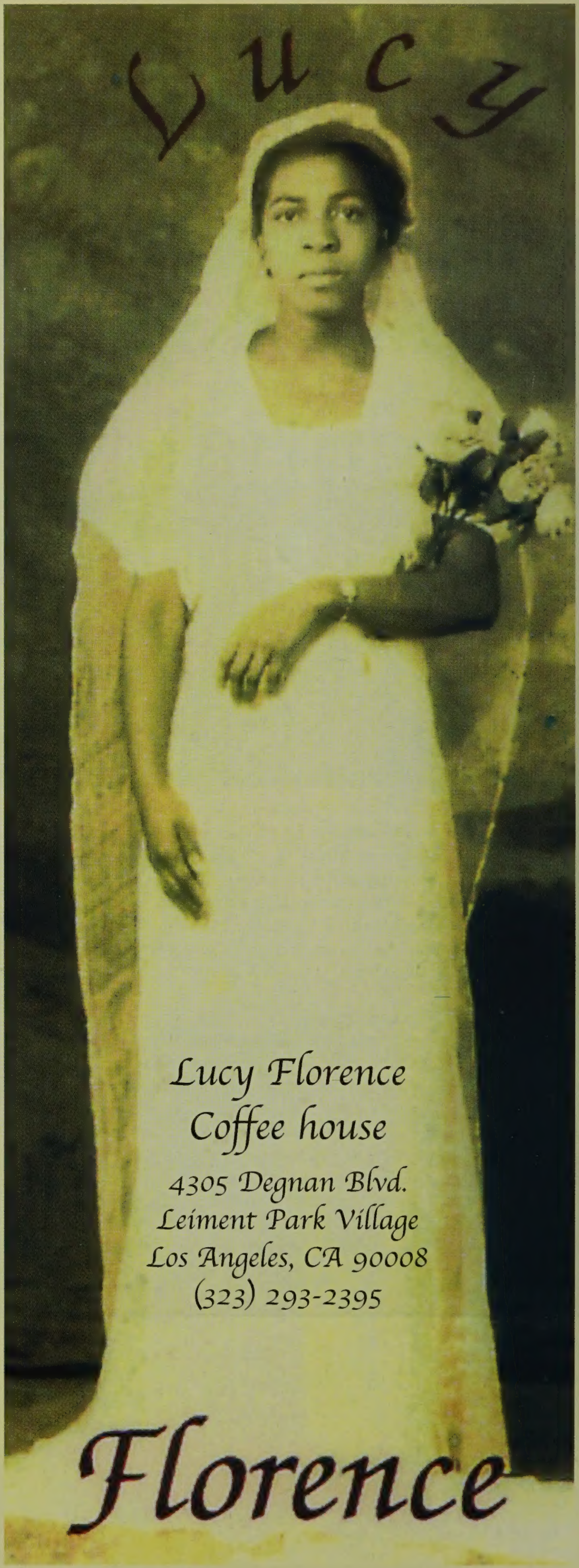
---

* Investment values may fluctuate and are not guaranteed. If the variable investment options do not return enough to cover policy charges, investors may be required to pay more premiums to keep a policy from terminating.

** Loans and withdrawals will reduce the life insurance policy's death benefit and cash surrender value.

Denise L. Liggett is a registered representative of AXA Advisors, LLC, and Agent of The Equitable Life Assurance Society of the United States. She can be reached at (202) 277-5835.

This individual is an Investment Advisory Representative in MD, VA, DC, and NJ and is licensed to sell insurance products, and is registered to offer securities in those states



Lucy

Lucy Florence
Coffee house
4305 Degnan Blvd.
Leiment Park Village
Los Angeles, CA 90008
(323) 293-2395

Florence

# Dealing with Change

> "It's important that you listen to your own internal counsel about what the changes within your organization will mean for you."

Change is everywhere. It is the only thing in our lives that is constant. What happens though when you are working within an organization that is experiencing significant change? Such episodes can be quite frustrating, alienating, and even scary. Many wonder: How will the changes affect how I do my job or how my work is perceived? Who do I report to now? When will things settle down so we can get back to work? What happens if I am unhappier after the changes are made than I was before we initiated the changes?

## Well, here are a few suggestions to help you manage organizational change:

### Become part of the change

Many organizations create working groups or committees to plan, manage, and implement change. Getting involved with these groups can be a proactive approach to getting your needs met in the change process. Groups responsible for organizational change processes benefit from having members who are not as comfortable with the changes as others in the organization but who are willing to speak and work sincerely and authentically to make the best of the situation. These members bring great insight to the group as to what and who they need to consider in ensuring that the changes are as comfortable as possible for all members of the organization.

### Speak with others

Chances are, if you have questions about how the changes will affect you, others do as well. You may want to speak with a trusted colleague or supervisor about your concerns. Sharing your concerns can create room for others to express their concerns, but it can also help you address some of your concerns through sharing mutual support and collective problem solving. This sharing can be as formal or informal as you feel comfortable. You should think, though, about how the sharing will be perceived by others in the organization who may become aware of your reaching out in this way. Do you need to make clear to someone within your organization the purpose of your talking to others so that they know that you are attempting to be constructive rather than counter-productive?

### Self-assess

Periods of significant organizational change are often good times to re-evaluate your role, relationship, and commitment to your organization. What are your long-term and short-term professional goals? How have those goals been furthered within the organization? How could those goals be furthered by any possible changes currently underway within the organization? Is it time to leave? Or is it time to move up in the hierarchy? Or is it time to move laterally to another department within the organization? Getting clear about what you want and where you want to go can be of great service to you in managing the changes that are occurring within your organization.

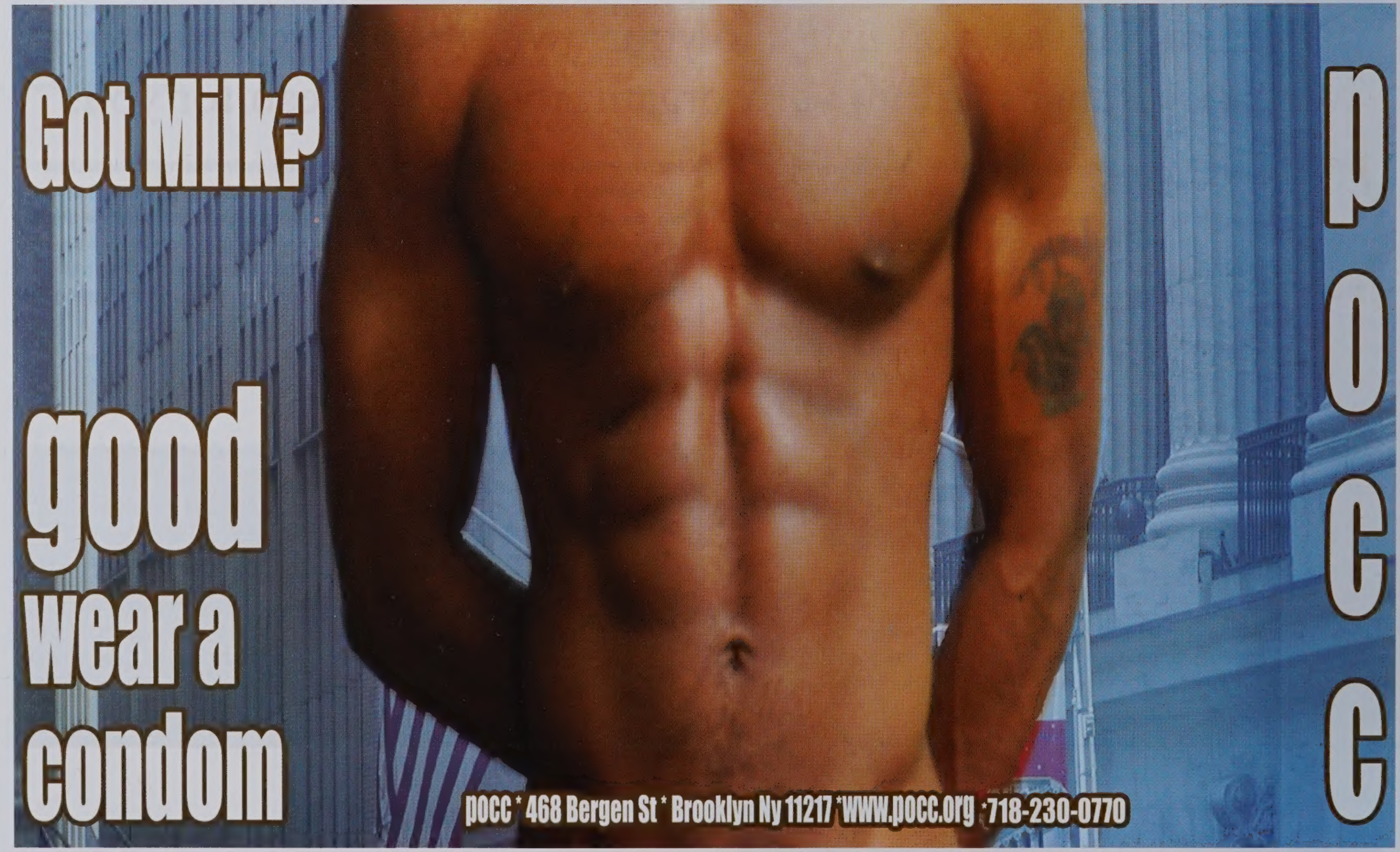
### Let spirit guide you

It's important that you listen to your own internal counsel about what the changes within your organization will mean for you. Beyond responding to the fears or the anxieties, take some time to be silent so that you can be present for the wisdom and understanding that comes from spirit. Our ancestors as well as other protective spiritual energies oftentimes give us a wealth of advice as to what is going on and how we may be affected. Listen, breathe, and learn.

It is important to remember that change, any change, is an opportunity given to us by spirit to facilitate our growth and development. Change calls us to be accountable to the journey we take as human beings toward full realization and complete actualization of our potential. Although sometimes challenging, at times even traumatic, change can bring into our awareness possibilities we dared not hope for and opportunities we dare not ignore. Embrace the change and enjoy the ride.

*Please send your questions, concerns, or problems in the areas of work and career, leadership, management and supervision, organizational development, and institution building to heru@profoundmoments.com to receive a possible response in this column.*

Hameed S. Williams, also known as Heru Khuti
Founder and president, KHPRA Consulting and Training Services


Got Milk?
good
wear a
condom
pocc * 468 Bergen St * Brooklyn Ny 11217 *www.pocc.org ·718-230-0770
pocc

# And They Heard God's Call

by Sundiata Najja Alayé

It's a warm early Saturday evening, and the streets of downtown Washington, D.C. are filled with the usual mix of street vendors, theater goers, shoppers, and tourists. Everyone seems to be hurrying up to go nowhere. The air is light and the humidity subsiding as my date and I emerge from the parking garage on our way to the Historic Warner Theatre for the Ummah Endowment Fund's Sunset Fantasy White Party.

And then we see it. The movement of white—pants, dresses, scarves, gowns, headdresses, suits, and shoes. Brothers and sisters draped in white in every design imaginable. From what I've heard, the metropolitan area stores had been stripped of anything white for weeks. And I understand why. I also understand why the busy people on the street have seemed to come to a complete stop to take in the magnificence of this sight—the spectacle and the pageantry of a tribe being called home. Life itself took to the streets tonight.

There is significance in the air. They know it, we know it, and there's the excitement of what's happening and what's about to come. There is a feeling of being part of something special, important. And as we enter the building, I'm suddenly feeling sorry for anyone who couldn't come for whatever reason. I'm blessed to be here tonight and I know it.

Picture it, beginning with the VIP reception, two hundred-plus beautiful brothers and sisters, gloriously wrapped in white, regal, rich, and pure. On the rooftop, God blows us into ceremony with a gentle breeze, and we are baptized by the sun and by the mesmerizing voice of Letticy. Her song, her sacred gift floats in delightful melodic waves, filling our hearts, our heads, and the heavens. You feel the rhythm of the ancients and the ancestors coming from inside of her. That sister, that Sister, That Sister!

Here we are seemingly a stone's throw from the blessed Heavens. We feel the change and we know that we are all part of it, for the brothers and sisters behind the scenes tonight have created the space for us to be transformed. There is love, there is generosity, and there is hope and sacrifice. There is genius, and there is selflessness. There is care and concern. There is remembrance. There is acceptance, and there is change. There is awakening. Yes, and there is God.

From the rooftop downstairs to the building's lobby, everything is transformed into a new age Oz by the genius and creativity of my friend and hero Brother Alvin King. Anything and everything he touches turns into pure platinum.

Who else could have planted the seed into the mind of the fund's founder, Brother Rahim Briggs who had a simple idea to raise money for AIDS services organizations serving people of color. Just three short years ago, Rahim, a loving, humble brother of gentle spirit, started this annual event in his back yard as a way of educating and informing brothers and getting us to rally collectively around this epidemic. As the rates of infections increased, so did his desire to do more. The Spirit reminded Brother Rahim, that one man can in fact make a difference, but not solely on his own. And so he called out for help.

And so the Spirit brought Clyde Penn, one of the sharpest, most intelligent, and dynamic front line "Go to" brothers who organizes, influences, and just plain make things happen on time and in the right way. The call for volunteers went out. They worked and they planned, not fully aware of the historical significance, and certainly not fully aware of the spiritual significance their work would mean to us all. They did it not for the praise, they did it out of the love and desire to put a new face on the fight against HIV/AIDS, particularly in the same-gender loving men of color community. Thank God, they've arrived!

"We recognized during our efforts that it was just as important for us to pledge our time to help strengthen the organization as it was to give US Helping US—People into Living, an AIDS services organization in Washington, D.C., servicing men of color, the proceeds from the event," was the message of Brother Clyde H. Penn, Jr., chair of the Ummah Endowment Fund and the fundraiser. But realizing that funding is only part of the issue, the Ummah Endowment fund is committing one hundred hours of professional consulting to US Helping US in the areas of finance, marketing, fundraising, outreach, event production, and management consulting.

From the White Party alone, the Ummah Endowment Fund presented US Helping US with $10,000 in cash, and to date has accounted for over $40,000 in proceeds to Us Helping Us. Not bad for a band of brothers full-time jobs and other life commitments.

The Ummah Endowment Fund used this year's event, its largest ever, to introduce its new theme and motto, "LIVE!" The complete theme, which will become the cornerstone of all of the fund's activities and efforts, is, "Get Tested. Get Treated. Be Healthy. Be Safe. LIVE!"

The Spirit reminds us just what a difference one can make by getting many involved. This is just the beginning; I'm sure there will be an amazing transformation from powerless to powerful. The brothers and sisters of Ummah, I thank you, and the community in all its turmoil, hurt, and pain thanks you for recognizing the unspoken need. Special thanks for asking me to be the Honorary Co-Chair of the event, and an even more special thanks to Keith for flying across country to escort me, and to Brother Kunle Ade of Moshood's in Brooklyn, New York, for dressing me with perfect detail.

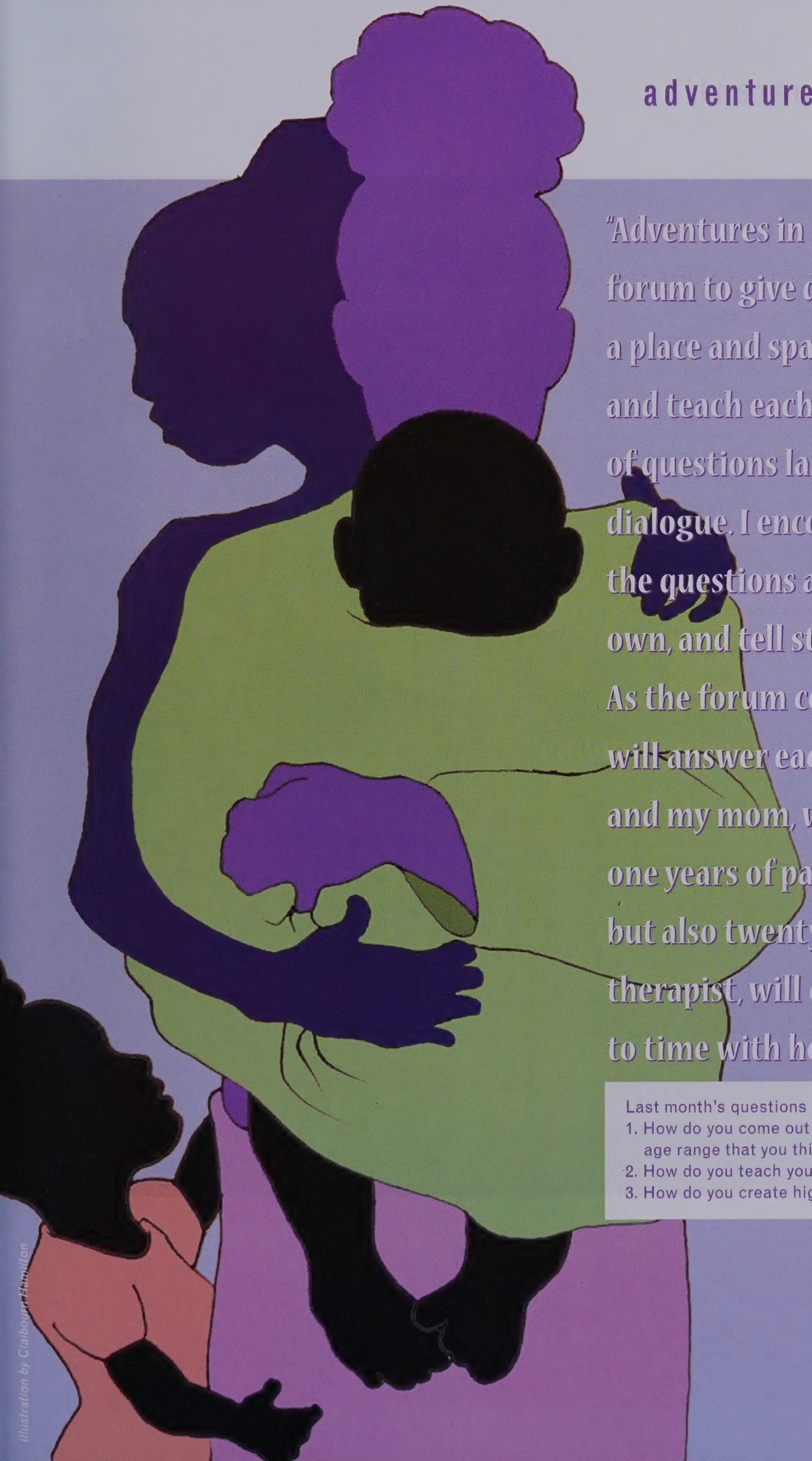


illustration by Claibourn Hamilton

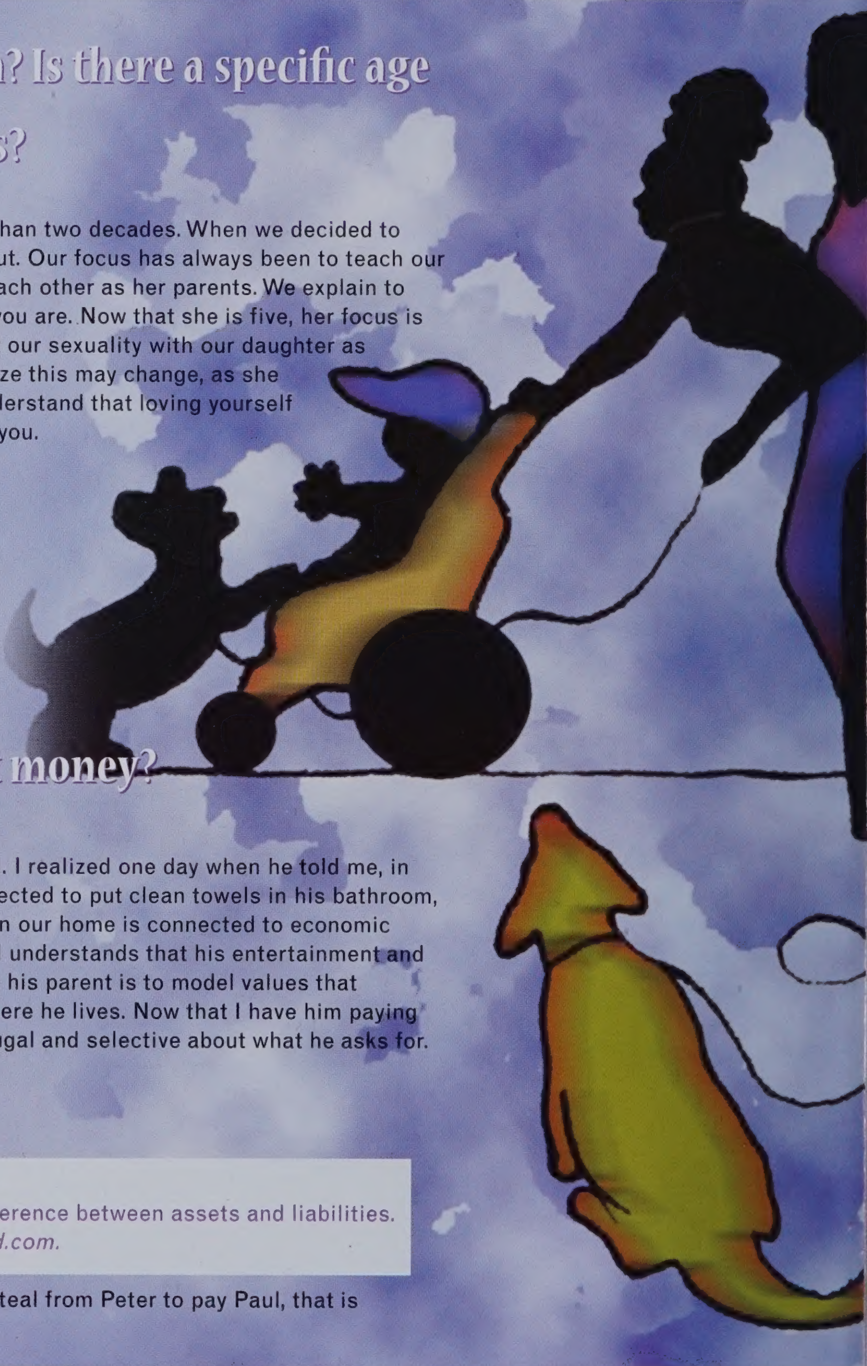
"Adventures in Parenting" is a new forum to give diverse LGBT parents a place and space to connect with and teach each other. I asked a couple of questions last month to start the dialogue. I encourage parents to answer the questions asked here, ask their own, and tell stories about their kids. As the forum continues, parents will answer each other's questions, and my mom, who has not only thirty-one years of parenting experience, but also twenty-five years as a family therapist, will chime in from time to time with her own vision.

Last month's questions were:

1. How do you come out to your children? Is there a specific age or age range that you think is better than others?
2. How do you teach your children about money?
3. How do you create high self-esteem in your children?

Here we go...

## Who do you come out to your children? Is there a specific age or age range that is better than others?



My partner and I have been very clear about out sexuality for more than two decades. When we decided to bring a child into our family, the issue for us wasn't about coming out. Our focus has always been to teach our child about love, the love we have for her and the love we have for each other as her parents. We explain to her that feeling good about yourself means loving yourself for who you are. Now that she is five, her focus is on the fact that she has one mommy and one momma. We talk about our sexuality with our daughter as any parent would—as her parents. We love each other. We also realize this may change, as she grows older, but we see our primary responsibility is to help her understand that loving yourself is more important that worrying abut what other people think about you.

Liza Fullbright & Elise Woodard
Farmingham, New York

Mom's two cents:
—When the question is asked, and
—As early as possible, depending on the how comfortable the parents are with the question.

## How do you teach your children about money?

My son, who is now twelve, has received every benefit I could afford. I realized one day when he told me, in his annoyed and self-righteous tone, that the housekeeper had neglected to put clean towels in his bathroom, that his values were off kilter. Since then, the discussion of money in our home is connected to economic opportunity and social responsibility. He receives his allowance and understands that his entertainment and special treats are his responsibility. As I see it, my responsibility as his parent is to model values that teach him his worth can never be measured by what he wears or where he lives. Now that I have him paying for his own recreation, I have noticed he has become much more frugal and selective about what he asks for.

David E. Williams
Houston, Texas

My two cents:
Read *Rich Dad/Poor* Dad by Robert Kiyosaki. It taught me the difference between assets and liabilities. There are some great teaching tools on his web site, *www.richdad.com.*

And get your finances together. Children learn by watching, if you steal from Peter to pay Paul, that is what you teach your children.

illustration by Claibourn Hamilton

# How do you create high self-esteem in your children?

Kahlil Gibran's take on childhood from *The Prophet:*

Your children are not your children....
They come through you but not from you,
And though they are with you, yet they belong not to you.
You may give them your love but not your thoughts.
For they have their own thoughts.
You may house their bodies but not their souls,
For their souls dwell in the house of tomorrow, which you cannot visit,
not even in your dreams.

Mom's two cents:
—Each child is conceptualized as an individual separate from moms and pops.
—When dealing with your child and weigh- Provide good food and don't nag.
—As for school work, it is the job of the child. Trust your child with it. As has been written, "A child will live up or down to the expectations set for them."

My two cents:
If you believe your children can do anything, they will grow up knowing they can do anything.

***

Well, that's our beginning. Please respond agree, disagree, ask other questions. Send your comments, answers and questions to *TashameeD@aol.com.*

I look forward to our continued discussion.

in the spirit
of health

BCA's Spirit of Health Campaign

The Black LGBT Film Festival

Award Winning Staff & Programs

## The Black Coalition on AIDS is
# Making Black History
## In San Francisco

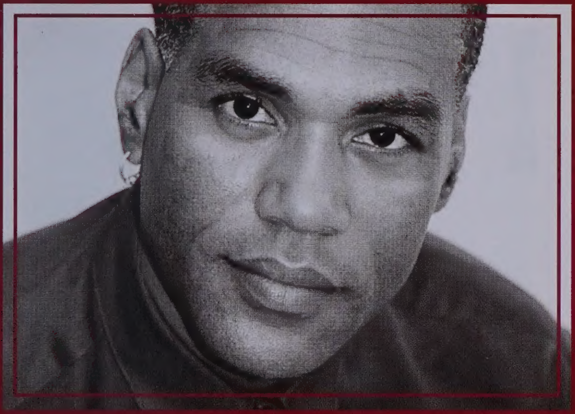
**Support BCA in
BUILDING A HEALTHY
BLACK COMMUNITY
in San Francisco**

Make a tax-deductible
donation today:
Black Coalition on AIDS
984 Folsom Street, 3rd Floor
San Francisco, CA 94107

or call
415.615.9945

Black Coalition on AIDS
984 Folsom Street, 3rd Floor
San Francisco, CA 94107
415.615.9945
www.bcoa.org

BCA



# BARCELONA 2002
## Was it really worth it?

### Reflections on the opportunity cost of the Barcelona AIDS Conference

Last month, the world invested in all of us, an investment we cannot afford to squander. Fifteen thousand AIDS activists, researchers, clinicians, journalists, policy makers, and people living with HIV/AIDS participated in the XIV World AIDS conference in Barcelona, Spain. We came together from many different directions: poor, rich, young, old, volunteer, and professional. Yet each of us, no matter what our background, took up precious resources to attend.

Throughout the week, I, and many others there, wondered whether those resources were spent wisely. If the average cost for each of the 15,000 people there was $3,000, that's a $45 million dollar investment. At $500 per year, that's 90,000 people who could have received anti-retroviral treatment. Did we accomplish enough in Barcelona to justify the cost of one year of life-sustaining therapy for 90,000 people?

The answer lies in us—me, you, each and every one of us. It depends on how we use that investment in our local communities. Hopefully, we learned new skills, made new alliances, forged new partnerships. International AIDS conferences can be extraordinary opportunities for so many different kinds of people to unite in the fight against HIV/AIDS.

But as the conference grows in size and cost, we must always be conscious of the opportunity cost of the investment it represents. We are so short of resources. So many in the world go without treatment. So many in the world still lack the protection of prevention. Each and every dollar must be carefully spent, for there is no margin for waste. Will we use our new skills, alliances, and partnerships wisely?

This epidemic can be brought to an end, but that can only happen when all of us do our utmost. If I'm a reporter, I need to write more and better stories. If I'm a researcher, I need to do more to find better treatments, prevention strategies, microbicides, and vaccines. If I'm a community prevention worker, I need to build stronger alliances to reach more people with life-saving skills. If I'm positive, I must commit to protecting others from the virus within. If I'm negative, I must commit to staying so.

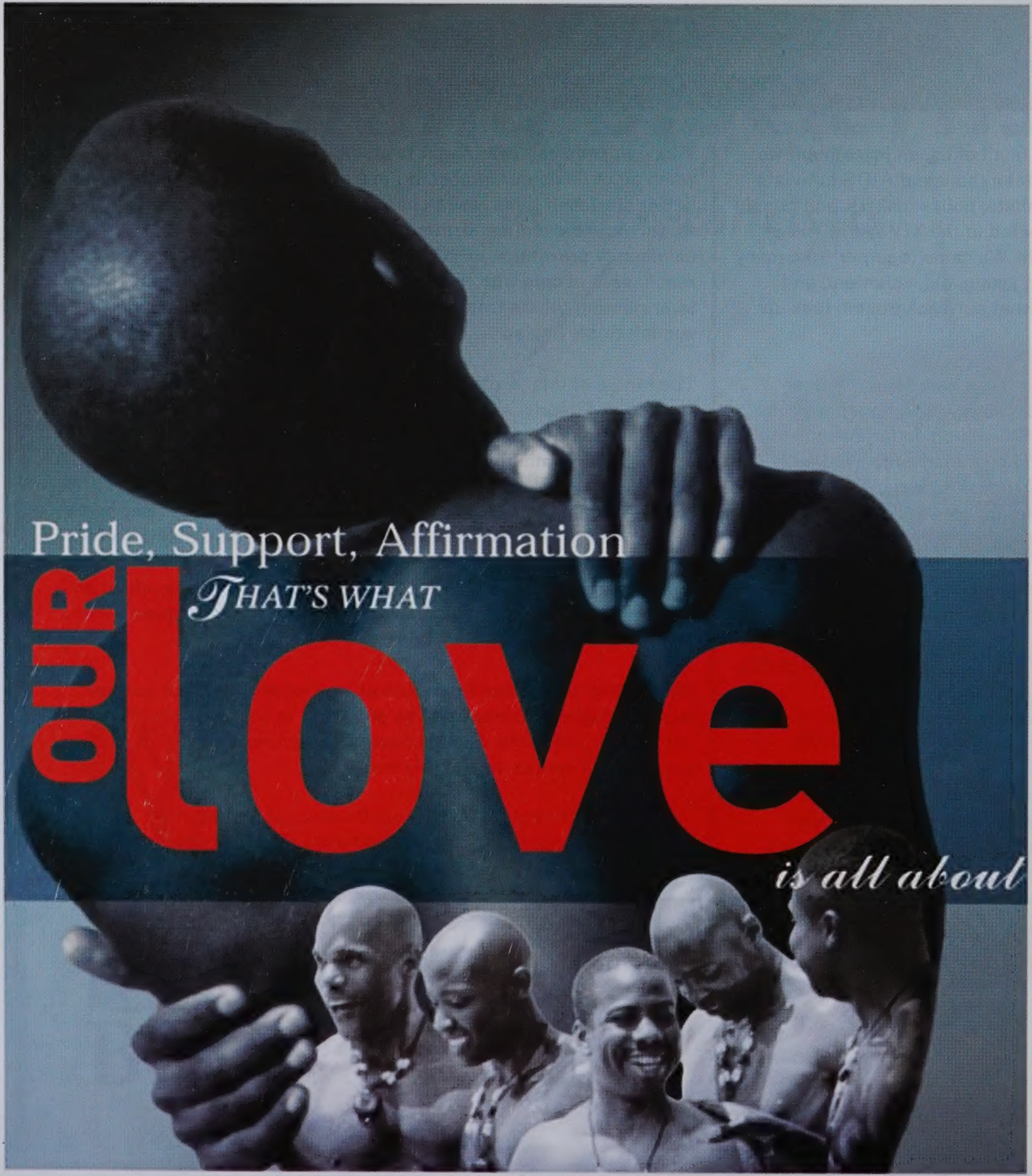
The theme of this year's conference was Knowledge and Commitment for Action. Clearly, we have had knowledge for some time about the global devastation being wrought by AIDS. And we've also heard too many hollow commitments.

Now is the time for action. Immediate action. Real action. Big-scale action. Action commensurate with the massive scale of this pandemic. In the African-American community, AIDS is a huge problem. It demands huge solutions. We must stop tinkering around the edges and develop the kind of comprehensive and inclusive programming that a pandemic of this magnitude deserves.

That action must come from each of us. Our protests, our outrage, and our demonstrations must be grounded in our own personal commitment to action. We can't accuse others of inaction until we've done all that we can to end this epidemic.

Phill Wilson is executive director of AAAPTI, the African American AIDS Policy and Training Institute.

# We are worth protecting.


Pride, Support, Affirmation
THAT'S WHAT
OUR
love
is all about

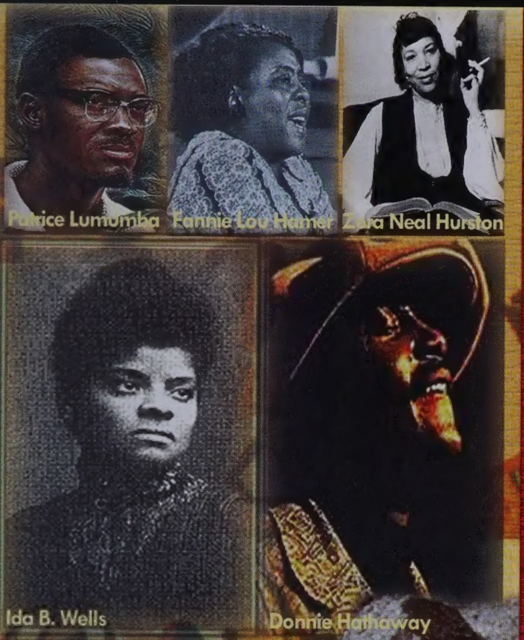
OUR LOVE

STOP AIDS PROJECT

**OUR LOVE is the black men's program of the STOP AIDS Project**

Come out.
Come to one of our events
Come together as a community.

For information on our events and volunteer opportunities, visit www.ourlove-sf.org or call 415.575.0155.



# Why are Black People Willing To get HIV, When We Come From Such Greatness?

Stevie Wonder
Dr. Joycelyn Elders
James Baldwin
W.E.B. Dubois
Marcus Mosiah Garvey

AmASSI
Health, Culture, Affirmation

BLACK PEOPLE TOO ARE WORTHY OF LONG LIFE AND GOOD HEALTH.
LET'S ADDRESS THIS.
LET'S WORK TOGETHER

www.AmASSI.com

Through our own research at the AmASSI Center-Los Angeles, we have discovered that many who are HIV positive were fully knowledgeable of how the virus is transmitted and spread during the unprotected sexual experience that infected them. Our 1996 survey included responses from 1000 African Americans in the Los Angeles area, ages ranging from 12 to over 40, and represented a broad range of socioeconomic backgrounds, including homeless persons (AmASSI survey, 1996). We found that for all age categories, at least 86% of all respondents correctly identified that abstinence, condom use, and avoidance of IV drug use were the primary prevention approaches to avoid HIV. AmASSI as an organization has understood that HIV prevention involves much more than client education, as there are often life circumstances that influence individuals to make risky behavioral choices, despite their having adequate knowledge of how to protect themselves.

AmASSI's approach to HIV/AIDS prevention and risk-reduction seeks to effectively slow down the spread of the epidemic among African Americans at risk. Our Critical Thinking & Cultural Affirmation (CTCA) HIV Prevention/Intervention model focuses on guiding clients to increase their capacity to critically examine their emotional and/or mental blocks to well-being in their personal lives, relationships and community. Participants are encouraged to examine why they are willing to "die" and/or spread disease for sex, intimacy, approval, power or love. They are supported in identifying the possible genesis of what led to that state of mind or emotion, which we call "deconstructing their reality constructs." We have found that many African Americans' "HIV risky" states of mind are connected to isolation or emotional and self worth disorientation. Qualitative interviews conducted at our center focused on asking African-American clients under what circumstances they would be more likely to engage in unprotected sex (AmASSI survey, 1996).

A cross-section of some of the situations discussed lists as follows (not in order of frequency or importance):
1) when depressed or after a relationship break-up;
2) when experiencing high sexual desire and a willing partner is available;
3) when pressured by a dominating partner;
4) when incarcerated;
5) when under the influence of drugs or alcohol;
6) when trying to make a failing relationship work;
7) when feelings of homosexuality/bisexuality, loneliness or being single seem too burdensome; and
8) when any kind of lubrication, including mineral oil based, is available.

The number of new HIV and AIDS cases in the United States appears to have stabilized during the last three years, but the impact is growing among (so-called) disadvantaged populations, notably African-Americans. African-American women and men account for 75 percent of cases involving heterosexual transmission, a hugely disproportionate total. African-American men compose [illegible] percent of the infections among men who have sex with men, according to figures from 25 states analyzed by the CDC. 91 percent of HIV-infected African-American men who have sex with men do not know their status, compared with 60 percent among HIV-infected white males. Seventy percent of infected Latinos also do not.

Again, it is apparent from these findings that the issue of knowledge is not paramount here for many African Americans; however, issues of social pressures, sexuality, relationships, power, emotional and mental health are.

1.800.STOP HIV

# ALIZÉ GETS AROUND

**BELLISSIMO**
**Bellagio, Las Vegas**

**PASSION MIMOSA**
**Nine Restaurant, Chicago**

**ALIZÉ COGNAC ON THE ROCKS**
**Sidetrack, Chicago**

**RED ROOM MARTINI**
**Le Cirque 2000, New York City**

**PASSIONATE TORO**
**Space, Miami**

## From New York to San Francisco and Chicago to Miami,

the word is out. Alizé is popping up in the most extraordinary places. Is it the smoothness of our award winning **Alizé Cognac**, which is aged twice as long as the competition? Is it the outrageously refreshing blend of all-natural fruit juices and fine French Cognac in our **Alizé Gold Passion**, **Red Passion**, and **Wild Passion**? Or is it Alizé's ultimate mixability? The truth lies inside every bottle of Alizé. Discover it.

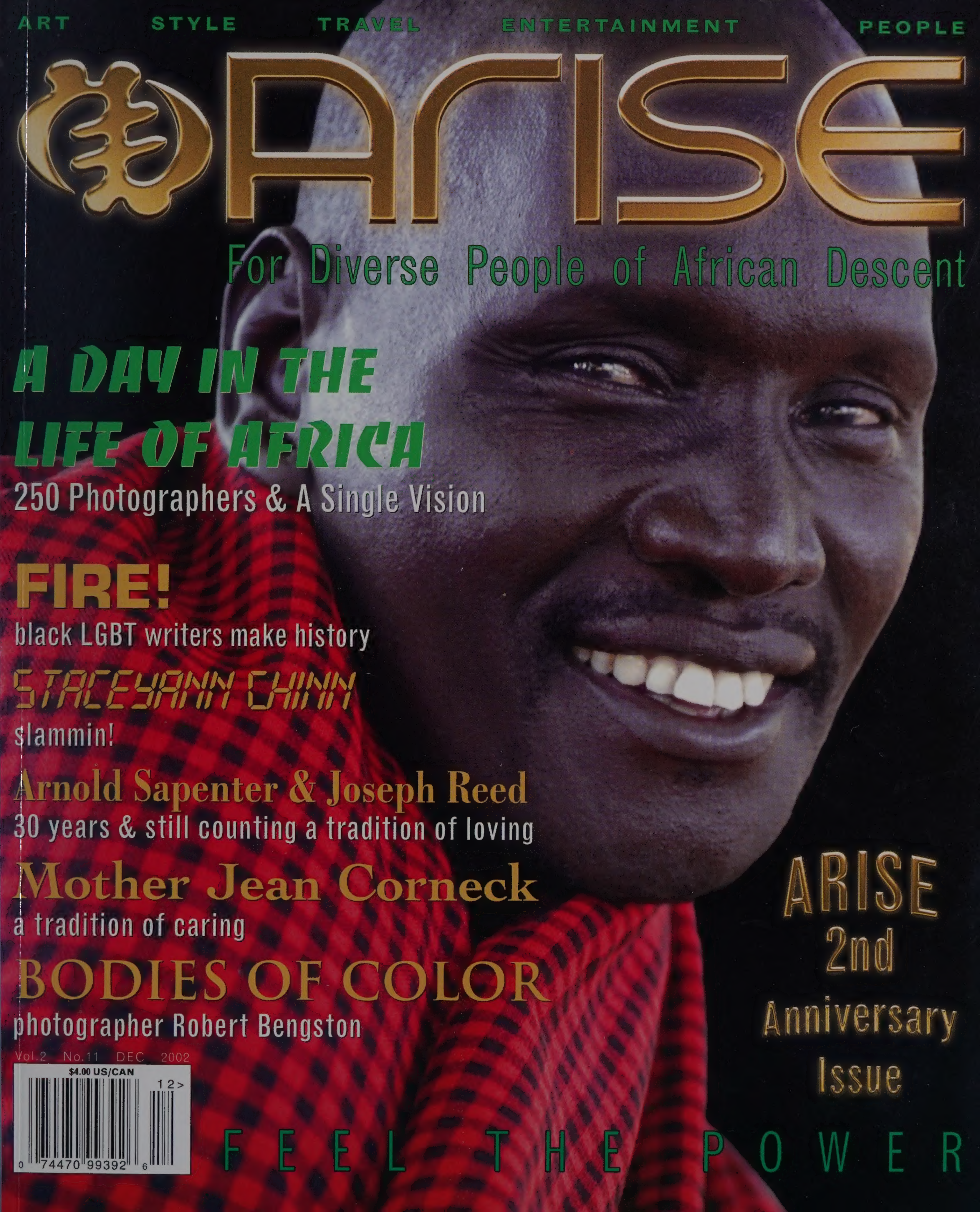
V.S.
Alizé
COGNAC
Alizé
RED PASSION
Alizé
GOLD PASSION
Alizé
WILD PASSION

©2002 Kobrand Corp. Alizé de France, imported from France by Kobrand Corp., New York, NY. Alizé 16% alc. by volume, Alizé Cognac 40% alc. by volume.

ART STYLE TRAVEL ENTERTAINMENT PEOPLE

# ARISE

For Diverse People of African Descent



## A DAY IN THE LIFE OF AFRICA

250 Photographers & A Single Vision

## FIRE!

black LGBT writers make history

## STACEYANN CHINN

slammin!

## Arnold Sapenter & Joseph Reed

30 years & still counting a tradition of loving

## Mother Jean Corneck

a tradition of caring

## BODIES OF COLOR

photographer Robert Bengston

Vol.2 No.11 DEC 2002

$4.00 US/CAN

12>

0 74470 99392 6

ARISE 2nd Anniversary Issue

FEEL THE POWER

AFRICAN AMERICAN AIDS POLICY AND TRAINING INSTITUTE

Our People
Our Problem
Our Solution

honors

**Danny Glover**
Actor

**Robert Johnson**
Chairman,
Black Entertainment Television

**Ronald Johnson**
Associate Executive Director,
Gay Men's Health Crisis

**Rev. Cecil L. 'Chip' Murray**
Senior Minister, First A.M.E. Church

**Dr. David Satcher**
Former U.S. Surgeon General

**Russell Simmons**
Chairman, Rush Communications

**Jacquie Stephens**
Broadcast Journalist, KJLH Radio

**Honorable Diane Watson**
Member of the
U.S. House of Representatives

**Jewel Thaïs-Williams**
Owner, Catch One Disco

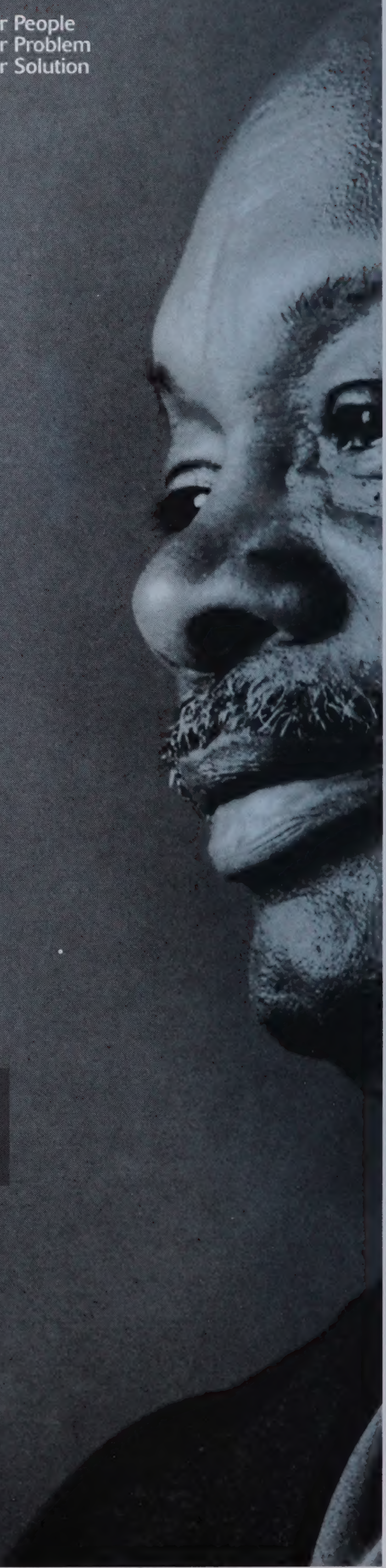
HIV

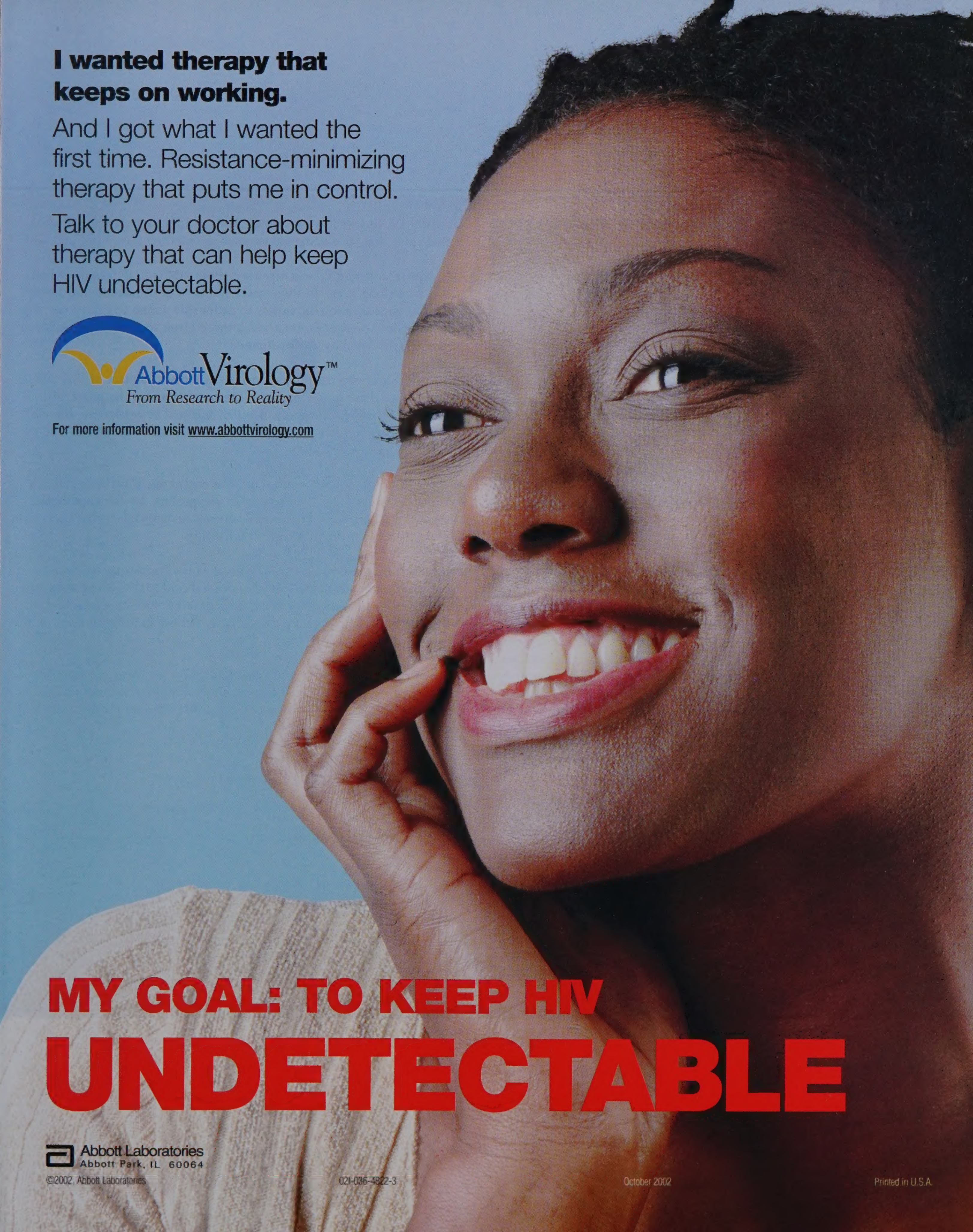
Heroes in the Struggle

AIDS

A PHOTOGRAPHIC TRIBUTE
TO 9 AFRICAN AMERICAN AIDS
WARRIORS WHO HAVE MADE
OUTSTANDING CONTRIBUTIONS
TO THE FIGHT AGAINST HIV/AIDS

**OPENING RECEPTION DECEMBER 1 LOS ANGELES**
213.353.3610 www.BlackAIDS.org





**I wanted therapy that keeps on working.**

And I got what I wanted the first time. Resistance-minimizing therapy that puts me in control.

Talk to your doctor about therapy that can help keep HIV undetectable.

Abbott Virology™
*From Research to Reality*

For more information visit www.abbottvirology.com

# MY GOAL: TO KEEP HIV UNDETECTABLE

Abbott Laboratories
Abbott Park, IL 60064

©2002, Abbott Laboratories 021-036-4822-3 October 2002 Printed in U.S.A.

# publisher's letter

When we consider all that that we have endured, experienced and learned in this year, our response is singular. Whew! At times, there have been challenges that defied causal commitment demanding strength that exceeded our human capacity.

In truth, there where times when we questioned our vision and wondered aloud "where are the resources." But with every challenge came a unique opportunity to mature in wisdom, knowledge and most importantly to grow in faith.

This month we celebrate the second anniversary of ARISE Magazine. Our publication expanded from sixty-eight to one hundred pages, with full color. And much like any other form of growth, it was not always comfortable but certainly worth the end result.

In the moments where we were most challenged, our traditions surfaced almost unexpectedly, challenging us to hold on to the vision. We learned to believe in the face of doubt, persevere in the light of adversity and aggressively cling to our dream.

Our traditions are those elements of our culture that remind us of who we really are and what we genuinely believe about ourselves. We speak of traditions that have sustained us; such as enduring love, hope and faith.

As a diverse community, too often we allow others to determine what traditions belong to us. In some cases, we have even surrendered aspects of our heritage by allowing others to claim sole access to traditions that were intended to ensure our survival, those given to us by our ancestors such as prayer, tenacity and endurance.

There are those who have uttered to us "you have no place at this table." We challenge that claim today with the statement that the proverbial table, be it economic, political, familial, spiritual or otherwise, the table that really matters - has room enough for everyone. We embrace the tradition of "Radical Inclusivity."

And yet, it may be time to reflect on our traditions, if for no other reason than to assess their effectiveness in our present day life experience. Life may be asking us to reassess our dreams and consider what traditions will enable us to bring them into full fruition.

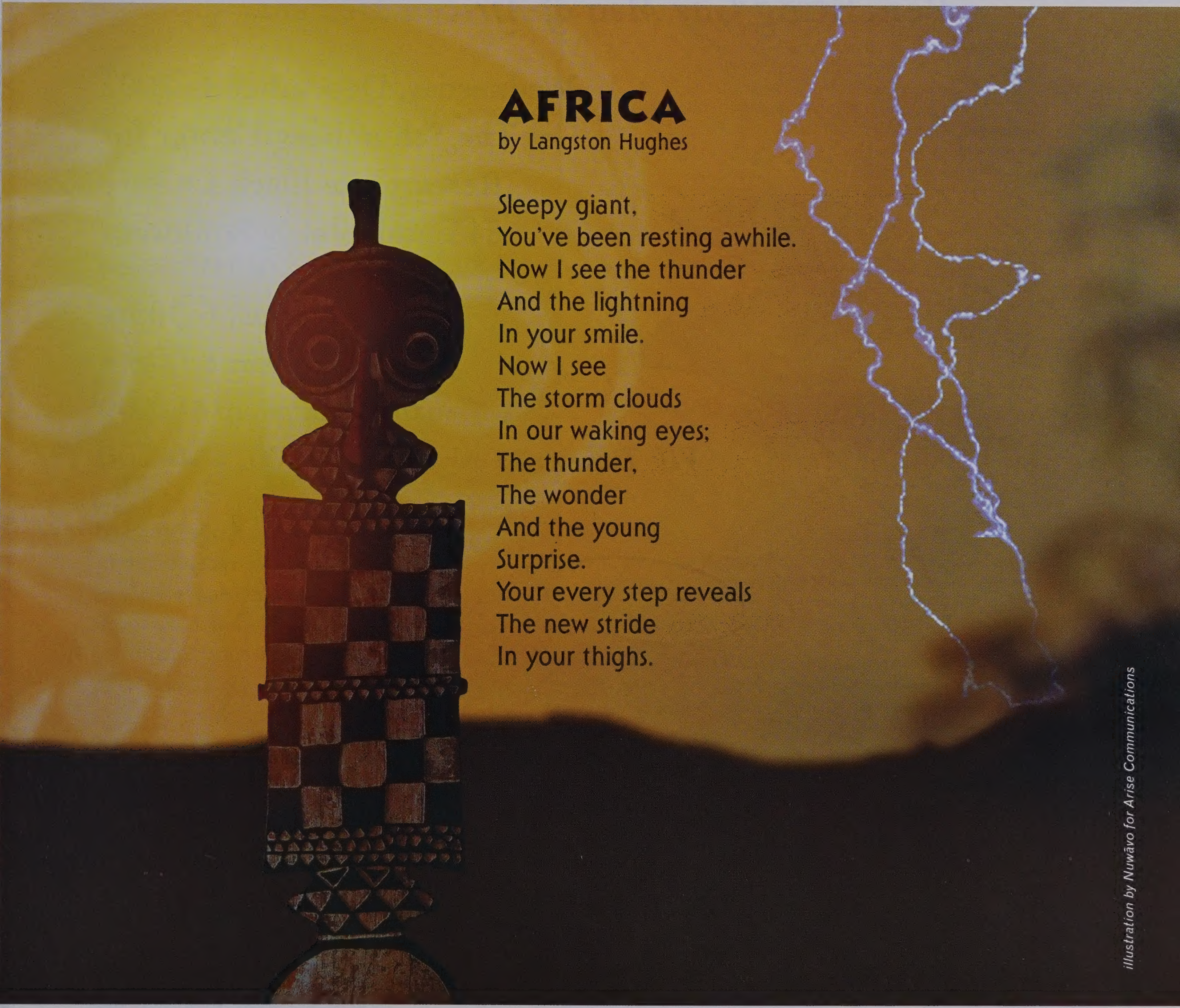
Remembering is perhaps one of the greatest traditions that we have in our global community. And so in honor of World AIDS Day we remember all the lives that have been touched by HIV/AIDS with an extraordinary volume of photography that we personally believe belongs in every home library, *"A Day in the Life of Africa."*

There is an amazing opportunity that lies before us. We can step into this present moment with our whole self, grab hold of our dreams - armed with our traditions and set about to live life completely, fully and demonstratively.

Wishing you thoughts of love, hope and peace

MacArthur H. Flournoy & Glenn Alexander
Publishers

*arise@arisemag.com*



# AFRICA

by Langston Hughes

Sleepy giant,
You've been resting awhile.
Now I see the thunder
And the lightning
In your smile.
Now I see
The storm clouds
In our waking eyes;
The thunder,
The wonder
And the young
Surprise.
Your every step reveals
The new stride
In your thighs.

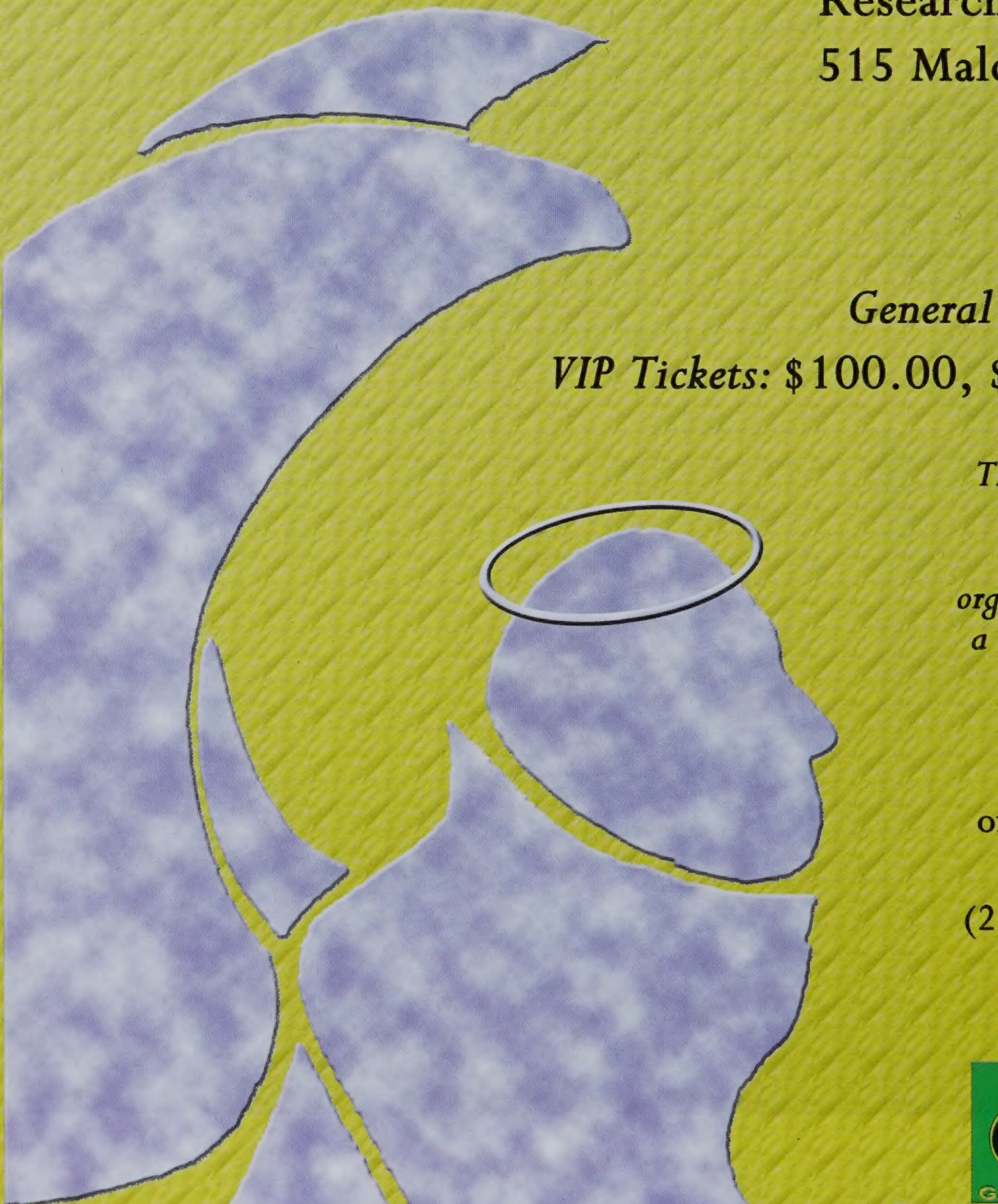
illustration by Nuwävo for Arise Communications

# *The* 2002 Charles Angel Awards

## Benefiting *Gay Men of African Descent*

Wednesday, December 4, 2002
at The Schomburg Center for
Research in Black Culture
515 Malcolm X Boulevard
(at 135th Street)

*Reception:* 6:30pm
*Program:* 8:00pm
*General Admission:* $50.00
*VIP Tickets:* $100.00, $250.00, $500.00



*The* Charles Angel Award *is given in recognition of individuals and/or organizations that have made a significant contribution to the Black, gay community.*

To purchase tickets,
or for more information,
call Earl Plante at
(212) 828-1697, Ext. 129
or eplante@gmad.org

G M A D
GAY MEN OF AFRICAN DESCENT
EMBRACING DIVERSITY/BUILDING COMMUNITY
103 East 125 Street, Suite 503
New York, NY 10035-1641
www.gmad.org

photo by John Healy

# ARISE

| | |
|---|---|
| EDITOR-IN-CHIEF | MacArthur H. Flournoy |
| MANAGING EDITOR | Glenn Alexander |
| FEATURES EDITOR | Akilah Monifa |
| WOMEN'S HEALTH EDITOR | Kimberly Hicks, MD |
| MEN'S HEALTH EDITOR | Dr. David Malebranche |
| NEXT GENERATION EDITOR | Tim'm T. West |
| ENTERTAINMENT EDITOR | Chaz Crowder |
| TRANSGENDER COMMUNITY EDITOR | Sharyn Grayson |
| CONTRIBUTING WRITERS | Loren R. Javier, Denise Liggett, Phill Wilson, Akilah Monifa, Sundiata Alaye, Hameed "Heru" Williams |
| CREATIVE DIRECTOR | Melissa Vega |
| ARTISTIC DIRECTOR | Mike Whiteside |
| ADVERTISING DIRECTOR | Glenn Alexander |
| FASHION EDITORS | Eric Hollis, John Mortimer, Oded Levy |

ARISE Magazine
1533 41st Street, Sacramento, CA 95819
phone: 916.454.2781 fax: 916.454.2789
email: arise@arisemag.com
www.arisemag.com

National Advertising Representative
Rivendell Marketing Company
212.242.6863

ARISE Magazine is published by ARISE Communications, Inc., 1533 41st Street, Sacramento, CA 95819. Founded in 2000.

The contents of ARISE Magazine may not be reproduced in any manner, either in whole or in part, without permission from the publisher. All rights reserved.

Letters to the editor, artwork, photography, manuscripts, and other correspondence may be submitted to ARISE Magazine at the above address. We cannot acknowledge or return materials unless accompanied by a stamped, self-addressed envelope. Allow at least three months for processing.

Publication of the name or photograph of any person or organization in articles or advertisements in ARISE Magazine is not to be construed as any indication of the sexual orientation or the HIV/AIDS status of such person or organization.

The content and opinions expressed in ARISE are the sole responsibility of the authors and advertisers.

Gye Nyame is an Akan symbol that represents the omnipotence and the omnipresence of God and originates from Ghana, West Africa. ARISE Magazine embraces Gye Nyame to affirm the inherent spiritual nature of all African descended diverse people. While we acknowledge and honor the bountiful expression of our individual spiritual beliefs, Gye Nyame is offered as an articulation of our totality and collective strength to effect positive change.

contents

# tradition and culture issue

December 2002 – V2 Issue 11

85

photo by Sean Drakes

## ARISE

publishers' letter 02

libation to the elders 03

table of contents 06

contributors page 08

back talk 09

features editor letter 10

## COVER STORY

a day in the life of africa 54

## FEATURES

thirty years of life, love and laughter 13
by MacArthur Flournoy

our common welfare: faye brown-sperling 17
by Akilah Monifa

fire and ink festival: a stunning celebration of black writers 25
by Brent Dorian Carpenter & Akilah Monifa

a tradition of giving: mother of peace orphanage, mutoko, zimbabwe 32
by MacArthur H. Flournoy

when santa doesn't visit 39
by D. Kevin McNeir

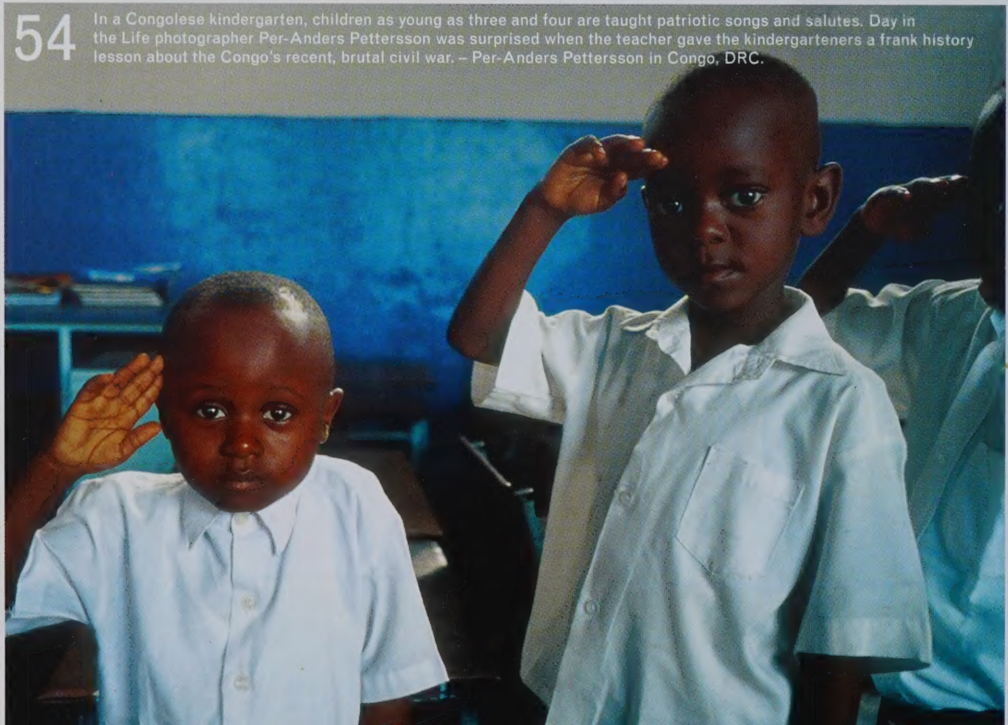
courage to love institute: zwazzi sowo and naomi prochovnick 43
by Akilah Monifa

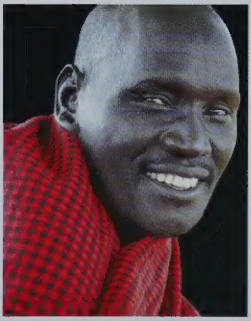
bodies of color 47
by Robert Bengston

I won't let nothing take me from my journey now 73
by Rodney Washington

6th annual U.S. conference on AIDS: when "reality land" came to anaheim 83
by Los Angeles County Office of AIDS

slam queen: stacey chinn 85
by Sean Drakes


54 In a Congolese kindergarten, children as young as three and four are taught patriotic songs and salutes. Day in the Life photographer Per-Anders Pettersson was surprised when the teacher gave the kindergarteners a frank history lesson about the Congo's recent, brutal civil war. – Per-Anders Pettersson in Congo, DRC.


COVER
Photograph:
Doug Menuez
in Tanzania

# contents

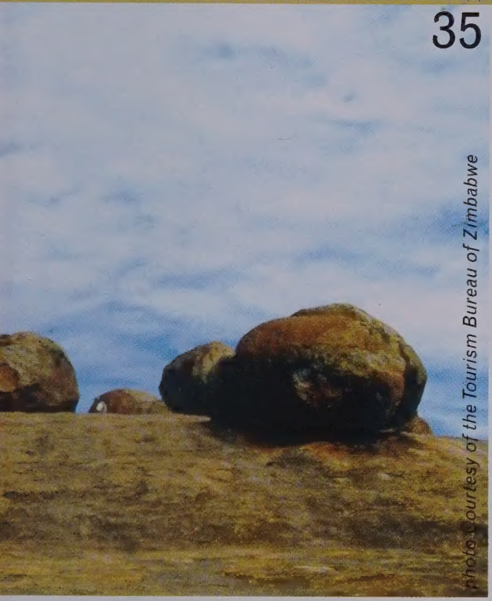


photo courtesy of the Tourism Bureau of Zimbabwe

DEPARTMENTS

currency 21

passages 35

fashion 67

next generation 81

black men's health 91

COLUMNS

the spirit reminds us 19

Sundiata Alayé

glaad: shirley q. liquor 41

Loren Javier

building our communities / building ourselves 45

by Hameed "Heru" Williams

transformations 78

by Sharyn Grayson

phill wilson 94

photo by Oded Levy

83
CTIVE LEADE IP
NITED VISI

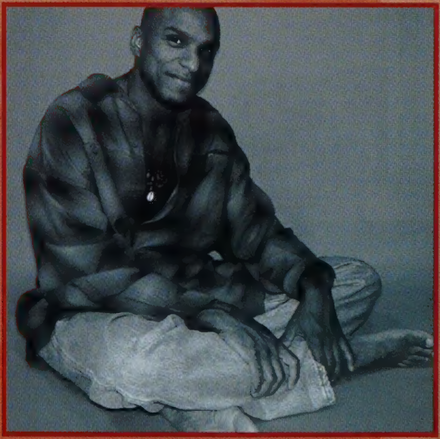
# contributors page

**Rodney Washington** lives in Blackwood, NJ. He attends Camden County College in pursuit of a liberal arts degree. He is also a spokesperson for the AIDS Coalition in South Jersey. Rodney shares a very personal and touching story of his own traditions and culture (page73).

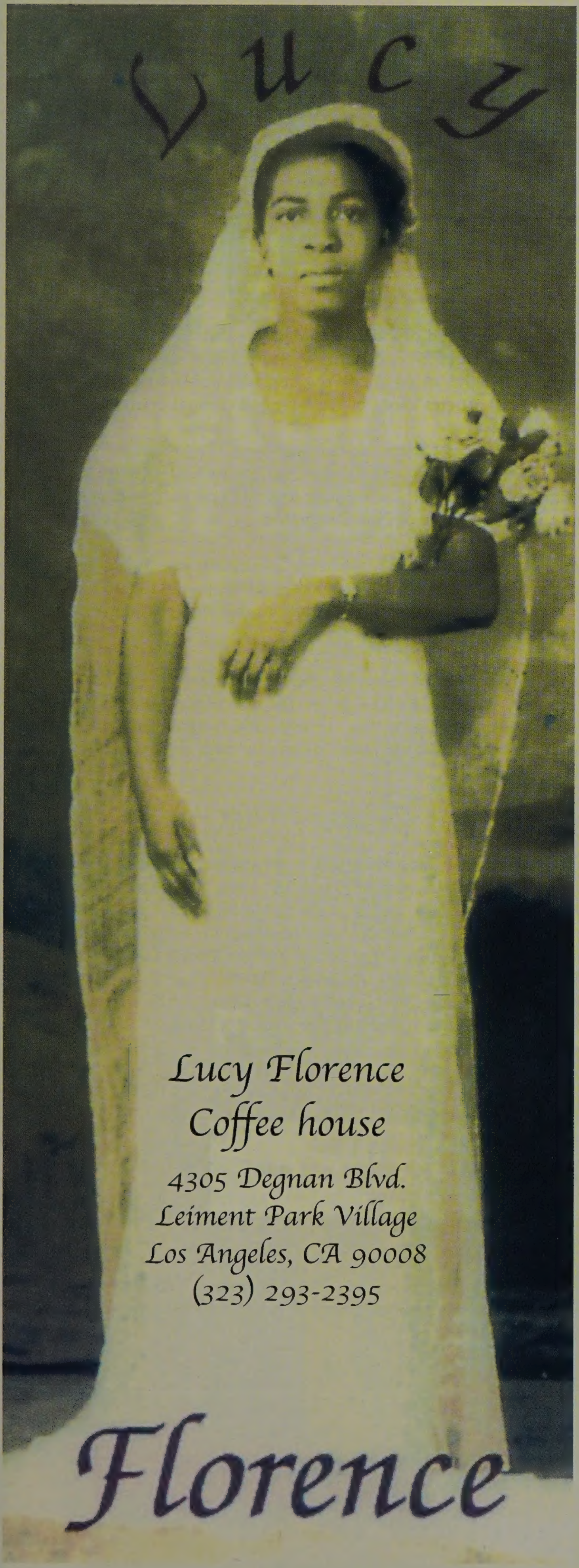
**Robert Bengtson** is a local photographer whose work finds him in a wide variety of arenas. From shooting commercial work in his Sausalito studio to projects overseas, to his most recent personal project, Bodies of Color (page 47) where he explores the human form and the color of skin in more ways than one. To see more of Robert's work, please visit his site via: *www.bengtsonphoto.com.*

*photo by Robert Gilliam*

**Sean Drakes** an ARISE veteran contributor (Cover – July 2001) travel and lifestyle photojournalist has lived out of a suitcase since leaving his photo editor position with a daily newspaper in 1996. In this issue Sean's shares an insightful conversation conducted with spoken word artist, Staceyann Chinn (page 85).



**Brent Dorian Carpenter** is a feature writer and biweekly columnist for Michigan's gay weekly newspaper Between The Lines and also covers the black LGBT community for the black weekly The Michigan Citizen. He has written and self-published two novels; "Man Of The Cloth" and "This Time Around." He resides in Detroit and is currently on book tour at several Black Pride celebrations east of the Mississippi through the fall. Brent collaborates with ARISE Features Editor, Akilah Monifa on a writers conference in Chicago "FIRE AND INK" (page25).



### Kudos on Men's Health

As a health educator and counselor for Horizon Health Center of Jersey City, I am interested in learning more information that can assist me in delivering safe sex education to African American and Latino men. I also noticed that your health editor is Dr. David Malebranch. Earlier this year I had the opportunity to hear him speak on the panel at a discussion forum in Brooklyn, NY. His insights on black gay men and their sexual behavior were quite impressive. Keep up the excellent work!

Rodney Briggs
Educator/ Counselor

### Leadership Forum - Another Option to Consider

"Can the Leadership Forum be salvaged?" (September 2002) Not unless people are willing to think outside the box. Nowhere in that article did I see anyone ever question the need for the annual conference. It was presented as a given. Nor was there discussion of other services the Forum provides. If the turnout in Detroit is indicative of anything it may be that there is no great desire for a conference any more, but that shouldn't be taken to mean the Forum has no role to play.

Here in New York, we have a state-wide coalition of agencies and programs serving Black gay men, the New York State Black Gay Network, that provides technical assistance, training and coordination of state lobbying efforts around health and social policies. I believe the rightful place and most urgently needed role for the Forum is as a coordinator of public policy at the national level. The Forum could and should be working regularly with existing community-based Black LGBT organizations around the country, identifying our specific issues and needs, and developing grassroots lobbying strategies to turn those needs into laws and government funding. Less visible, but perhaps far more effective if done correctly.

But if all the Forum wants to do is stick to an annual conference schedule, they in fact may no longer be relevant.

Bernard J. Tarver
New York, NY

### Faux Pas!

Bravo Sean Drakes
In the September 2002 issue, the hot photography spread on 42nd Street, Photographer Sean Drake's name was inadvertently omitted during the production process. Sean's photography brings a vital and distinct perspective to ARISE. To view more of Sean Drakes' photography go to http://www.mybluemango.com

Renel Brooks-Moon Making History
In the November 2002 issue, Renel Brooks-Moon name was incorrectly spelled. Ms. Brooks-Moon deserves far too much respect for this error, as she is a prominent radio announcer, DJ, and the first woman in history to narrate the World Series. We apologize for this error.

# features editor letter

December brings us the end of Hanukkah, Winter solstice, Christmas, Kwanzaa, and New Year's Eve. *Arise's* theme fittingly is traditions and culture. Our features include honoring one of our best traditions: long-term relationships. We also have several articles about our holiday and cultural celebrations.

December also brings 2002 to a close.
Some folks honor the tradition that how you end the year sets the tone of how you begin the New Year. It's also a time to remember those we have lost this year such as the musical poetry of June Jordan and the poetic music of Lionel Hampton.

And 2002 beginning in August brought none other than the prestigious *New York Times* listing same-sex unions. As of this writing, more than 140 newspapers have joined the NYT. I am personally waiting for *Jet Magazine* to announce same-sex unions, but the real question is, has anyone submitted anything to *Jet?*

The year also brought our people a number of firsts: Halle Berry became the first African-American woman to win an Oscar for Best Actress. Vonetta Flowers, the first African-American to win a medal at the winter Olympics. Venus Williams was the first African-American woman to receive the No. 1 ranking in the Women's Tennis Association (although she quickly lost that ranking to her younger sister, Serena)

And Fire and Ink presented another historic first, the first time LGBT writers gathered openly.

A Gallup poll in October finds that Americans think that 20 percent of us are gay. Definitely an increase from the last reported numbers and the census. And this is somewhat reflected in the fiction world with the following African-American gay and lesbian characters on television: Mathew St. Patrick (Keith on HBO's "Six Feet Under") Sonja Sohn (Shakima Greggs on HBO's "The Wire") and Michael K. Williams, (Omar on HBO's "The Wire") (although he plays a gay drug dealer out for revenge for the murder of his lover) Michael Jace (Julien Lowe on FX's "The Shield") (although he is conflicted about being gay and wants to be "ungay" At least he is there. And so it goes. Hope your 2002 is/was all you wanted it to be.

A true wish for peace on earth,

Akilah Monifa

Akilah Monifa
Features Editor

# HIV+?

## Fed up with feeling worn out?

**GETTING HELP STARTS HERE.**
Take the short test on the other side of this card, and take it to your doctor.

PROCRIT®
EPOETIN ALFA

## TAKE THIS SHORT TEST.
## Find out if anemia might be stopping you from getting things done.

**How much, if at all, does your health now limit you in the following activities?**

1. **The kind or amount of vigorous activities you can do, like lifting heavy objects, running, or participating in strenuous sports.**
   - ☐ YES, limited a lot
   - ☐ YES, limited a little
   - ☐ NO, not limited at all
2. **The kind or amount of moderate activities you can do, like moving a table, or carrying groceries.**
   - ☐ YES, limited a lot
   - ☐ YES, limited a little
   - ☐ NO, not limited at all
3. **Walking uphill or climbing a few flights of stairs.**
   - ☐ YES, limited a lot
   - ☐ YES, limited a little
   - ☐ NO, not limited at all
4. **Eating, dressing, bathing, or cooking a meal.**
   - ☐ YES, limited a lot
   - ☐ YES, limited a little
   - ☐ NO, not limited at all
5. **Your social activities, like visiting with friends and family.**
   - ☐ YES, limited a lot
   - ☐ YES, limited a little
   - ☐ NO, not limited at all

If you answered "YES, LIMITED A LOT" or "YES, LIMITED A LITTLE" to most questions, you may have anemia.

**SHOW THIS TEST TO YOUR DOCTOR, AND ASK IF YOU SHOULD HAVE A BLOOD TEST.**

If you do have anemia, he or she can decide what treatment, if any, is right for you.

See important safety and product information on the accompanying advertisement.

Manufactured by Amgen Inc., Thousand Oaks, California 91320-1789
Distributed by: **Ortho Biotech Products, L.P.,** Raritan, New Jersey 08869-0670

PROCRIT®
EPOETIN ALFA

# I'm getting it done AGAIN

If you don't have the energy to do the things you used to do, **ASK YOUR DOCTOR about your red blood cell count.**

You may have anemia.

Feeling good isn't just about viral loads and T-cell counts. HIV and HIV medications (including AZT) can deplete your body's red blood cells and cause anemia. And anemia can make you feel tired and weak. Anemia affects 1 out of 4 people who are HIV+ and 3 out of 4 people with AIDS.

PROCRIT® (Epoetin alfa) is identical to the hormone your body naturally produces to increase your red blood cell count. More red blood cells can mean more energy.

It's a treatment that's been used for over 10 years and for more than 1 million patients. If you think anemia is stopping you from getting things done, ask your doctor if PROCRIT is right for you.

PROCRIT is an effective treatment for anemia induced by AZT-containing regimens in HIV patients. PROCRIT is proven and safe. In studies, side effects were similar in PROCRIT- and placebo-treated patients. PROCRIT is available by prescription only and is injected by your doctor or nurse. For complete details, see the Brief Prescribing Information on the following page.

PROCRIT®
EPOETIN ALFA
Strength for Living®

FOR ANEMIA INDUCED BY AZT-CONTAINING REGIMENS IN HIV PATIENTS

For more information, please call **1-888-839-5891** or visit **www.PROCRIT.com**

Manufactured by Amgen Inc., Thousand Oaks, California 91320-1789
Distributed by: **Ortho Biotech Products, L.P.,** Bridgewater, New Jersey 08807-0914

BRIEF SUMMARY OF PRESCRIBING INFORMATION INDICATED FOR THE
TREATMENT OF ANEMIA IN ZIDOVUDINE-TREATED HIV-INFECTED PATIENTS

# PROCRIT®

**EPOETIN ALFA**
**For Injection**

FOR FULL PRESCRIBING INFORMATION FOR ALL INDICATIONS,
REFER TO THE PHYSICIANS' DESK REFERENCE®

## INDICATIONS AND USAGE

PROCRIT® (Epoetin alfa) is indicated for the treatment of anemia related to therapy with zidovudine in human immunodeficiency virus (HIV)-infected patients. PROCRIT is indicated to elevate or maintain the red blood cell level [as manifested by the hematocrit (HCT) or hemoglobin determinations] and to decrease the need for transfusions in these patients. PROCRIT is not indicated for the treatment of anemia in HIV-infected patients due to other factors such as iron or folate deficiencies, hemolysis or gastrointestinal bleeding, which should be managed appropriately.

PROCRIT, at a dose of 100 U/kg 3 times per week (TIW), is effective in decreasing the transfusion requirement and increasing the red blood cell level of anemic, HIV-infected patients treated with zidovudine, when the endogenous serum erythropoietin level is ≤500 mU/mL and when patients are receiving a dose of zidovudine ≤4200 mg/week.

## CONTRAINDICATIONS

PROCRIT is contraindicated in patients with:

1) Uncontrolled hypertension.
2) Known hypersensitivity to mammalian cell-derived products.
3) Known hypersensitivity to Albumin (Human).

## WARNINGS

**Pediatric Use:** The multidose preserved formulation contains benzyl alcohol. Benzyl alcohol has been reported to be associated with an increased incidence of neurological and other complications in premature infants, which are sometimes fatal. PROCRIT therapy has not been linked to exacerbation of hypertension, seizures, and thrombotic events in HIV-infected patients.

## PRECAUTIONS

The parenteral administration of any biologic product should be attended by appropriate precautions in case allergic or other untoward reactions occur (see CONTRAINDICATIONS). In clinical trials, while transient rashes were occasionally observed concurrently with PROCRIT therapy, no serious allergic or anaphylactic reactions were reported. (See ADVERSE REACTIONS for more information regarding allergic reactions.)

The safety and efficacy of PROCRIT therapy have not been established in patients with a known history of a seizure disorder or underlying hematologic disease (eg, sickle cell anemia, myelodysplastic syndromes, or hypercoagulable disorders).

In some female patients, menses have resumed following PROCRIT therapy; the possibility of pregnancy should be discussed and the need for contraception evaluated.

**Hematology:** Exacerbation of porphyria has been observed rarely in patients with chronic renal failure (CRF) treated with PROCRIT. However, PROCRIT has not caused increased urinary excretion of porphyrin metabolites in normal volunteers, even in the presence of a rapid erythropoietic response. Nevertheless, PROCRIT should be used with caution in patients with known porphyria.

In preclinical studies in dogs and rats, but not in monkeys, PROCRIT therapy was associated with subclinical bone marrow fibrosis. Therefore, zidovudine-treated HIV-infected patients should have HCT measured once a week (QW) until HCT has been stabilized, and measured periodically thereafter.

**Delayed or Diminished Response:** If the patient fails to respond or to maintain a response to doses within the recommended dosing range, the following etiologies should be considered and evaluated: 1) Iron deficiency: Virtually all patients will eventually require supplemental iron therapy (see Iron Evaluation). 2) Underlying infectious, inflammatory, or malignant processes. 3) Occult blood loss. 4) Underlying hematologic diseases (ie, thalassemia, refractory anemia, or other myelodysplastic disorders). 5) Vitamin deficiencies: folic acid or vitamin B12. 6) Hemolysis. 7) Aluminum intoxication. 8) Osteitis fibrosa cystica.

**Iron Evaluation:** During PROCRIT therapy, absolute or functional iron deficiency may develop. Functional iron deficiency, with normal ferritin levels but low transferrin saturation, is presumably due to the inability to mobilize iron stores rapidly enough to support increased erythropoiesis. Transferrin saturation should be at least 20% and ferritin should be at least 100 ng/mL.

Prior to and during PROCRIT therapy, the patient's iron status, including transferrin saturation (serum iron divided by iron binding capacity) and serum ferritin, should be evaluated. Virtually all patients will eventually require supplemental iron to increase or maintain transferrin saturation to levels which will adequately support erythropoiesis stimulated by PROCRIT.

**Drug Interactions:** No evidence of interaction of PROCRIT with other drugs was observed in the course of clinical trials.

**Carcinogenesis, Mutagenesis, and Impairment of Fertility:** Carcinogenic potential of PROCRIT has not been evaluated. PROCRIT does not induce bacterial gene mutation (Ames Test), chromosomal aberrations in mammalian cells, micronuclei in mice, or gene mutation at the HGPRT locus. In female rats treated intravenously (IV) with PROCRIT, there was a trend for slightly increased fetal wastage at doses of 100 and 500 U/kg.

**Pregnancy Category C:** PROCRIT has been shown to have adverse effects in rats when given in doses 5 times the human dose. There are no adequate and well-controlled studies in pregnant women. PROCRIT should be used during pregnancy only if potential benefit justifies the potential risk to the fetus.

In studies in female rats, there were decreases in body weight gain, delays in appearance of abdominal hair, delayed eyelid opening, delayed ossification, and decreases in the number of caudal vertebrae in the F1 fetuses of the 500 U/kg group. In female rats treated IV, there was a trend for slightly increased fetal wastage at doses of 100 and 500 U/kg.

**Nursing Mothers:** Postnatal observations of the live offspring (F1 generation) of female rats treated with PROCRIT during gestation and lactation revealed decreases in body weight gain, delays in appearance of abdominal hair, eyelid opening, and decreases in the number of caudal vertebrae in the F1 fetuses of the 500 U/kg group. It is not known whether PROCRIT is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when PROCRIT is administered to a nursing woman.

**Pediatric Use:** See WARNINGS, Pediatric Use.

*Pediatric HIV-Infected Patients:* Published literature has reported the use of PROCRIT in 20 zidovudine-treated anemic HIV-infected pediatric patients ages 8 months to 17 years, treated with 50 to 400 U/kg subcutaneously (SC) or IV, 2 to 3 times per week (BIW to TIW). Increases in hemoglobin levels and in reticulocyte counts, and decreases in or elimination of blood transfusions were observed.

**Hypertension:** Exacerbation of hypertension has not been observed in zidovudine-treated HIV-infected patients treated with PROCRIT. However, PROCRIT should be withheld in these patients if preexisting hypertension is uncontrolled, and should not be started until blood pressure (BP) is controlled. In double-blind studies, a single seizure has been experienced by a patient treated with PROCRIT.

## ADVERSE REACTIONS

Adverse events reported in clinical trials with PROCRIT in zidovudine-treated HIV-infected patients were consistent with the progression of HIV infection. In double-blind, placebo-controlled studies of 3-months duration involving approximately 300 zidovudine-treated HIV-infected patients, adverse events with an incidence of ≥10% in either patients treated with PROCRIT or placebo-treated patients were:

Percent of Patients Reporting Event: Event followed by Patients Treated With PROCRIT (N=144) first, Placebo-Treated Patients (N=153) second:
Pyrexia 38%, 29%; Fatigue 25%, 31%; Headache 19%, 14%; Cough 18%, 14%; Diarrhea 16%, 18%; Rash 16%, 8%; Congestion, Respiratory 15%, 10%; Nausea 15%, 12%; Shortness of Breath 14%, 13%; Asthenia 11%, 14%; Skin Reaction (Administration Site) 10%, 7%; Dizziness 9%, 10%.

There were no statistically significant differences between treatment groups in the incidence of the above events.

In the 297 patients studied, PROCRIT was not associated with significant increases in opportunistic infections or mortality. In 71 patients from this group treated with PROCRIT at 150 U/kg TIW, serum p24 antigen levels did not appear to increase. Preliminary data showed no enhancement of HIV replication in infected cell lines in vitro.

Peripheral white blood cell and platelet counts are unchanged following PROCRIT therapy.

**Allergic Reactions:** Two zidovudine-treated HIV-infected patients had urticarial reactions within 48 hours of their first exposure to study medication. One patient was treated with PROCRIT and one was treated with placebo (PROCRIT vehicle alone). Both patients had positive immediate skin tests against their study medication with a negative saline control. The basis for this apparent preexisting hypersensitivity to components of the PROCRIT formulation is unknown, but may be related to HIV-induced immunosuppression or prior exposure to blood products.

**Seizures:** In double-blind and open-label trials of PROCRIT in zidovudine-treated HIV-infected patients, 10 patients have experienced seizures. In general, these seizures appear to be related to underlying pathology such as meningitis or cerebral neoplasms, not PROCRIT therapy.

## OVERDOSAGE

The maximum amount of PROCRIT that can be safely administered in single or multiple doses has not been determined. Doses of up to 1500 U/kg TIW for 3 to 4 weeks have been administered to adults without any direct toxic effects of PROCRIT itself. Therapy with PROCRIT can result in polycythemia if the HCT is not carefully monitored and the dose appropriately adjusted. If the suggested target range is exceeded, PROCRIT may be temporarily withheld until the HCT returns to the suggested target range; PROCRIT therapy may then be resumed using a lower dose (see DOSAGE AND ADMINISTRATION). If polycythemia is of concern, phlebotomy may be indicated to decrease the HCT.

## DOSAGE AND ADMINISTRATION

Prior to beginning PROCRIT, it is recommended that the endogenous serum erythropoietin level be determined (prior to transfusion). Available evidence suggests that patients receiving zidovudine with endogenous serum erythropoietin levels >500 mU/mL are unlikely to respond to therapy with PROCRIT.

**Starting Dose:** For adult patients with serum erythropoietin levels ≤500 mU/mL who are receiving a dose of zidovudine ≤4200 mg/week, the recommended starting dose of PROCRIT is 100 U/kg as an IV or SC injection TIW for 8 weeks. For pediatric patients, see PRECAUTIONS, Pediatric Use.

**Increase Dose:** During the dose adjustment phase of therapy, the HCT should be monitored weekly. If the response is not satisfactory in terms of reducing transfusion requirements or increasing HCT after 8 weeks of therapy, the dose of PROCRIT can be increased by 50-100 U/kg TIW. Response should be evaluated every 4-8 weeks thereafter and the dose adjusted accordingly by 50-100 U/kg increments TIW. If patients have not responded satisfactorily to a PROCRIT dose of 300 U/kg TIW, it is unlikely that they will respond to higher doses of PROCRIT.

**Maintenance Dose:** After attainment of the desired response (ie, reduced transfusion requirements or increased HCT), the dose of PROCRIT should be titrated to maintain the response based on factors such as variations in zidovudine dose and the presence of intercurrent infectious or inflammatory episodes. If the HCT exceeds 40%, the dose should be discontinued until the HCT drops to 36%. The dose should be reduced by 25% when treatment is resumed and then titrated to maintain the desired HCT.

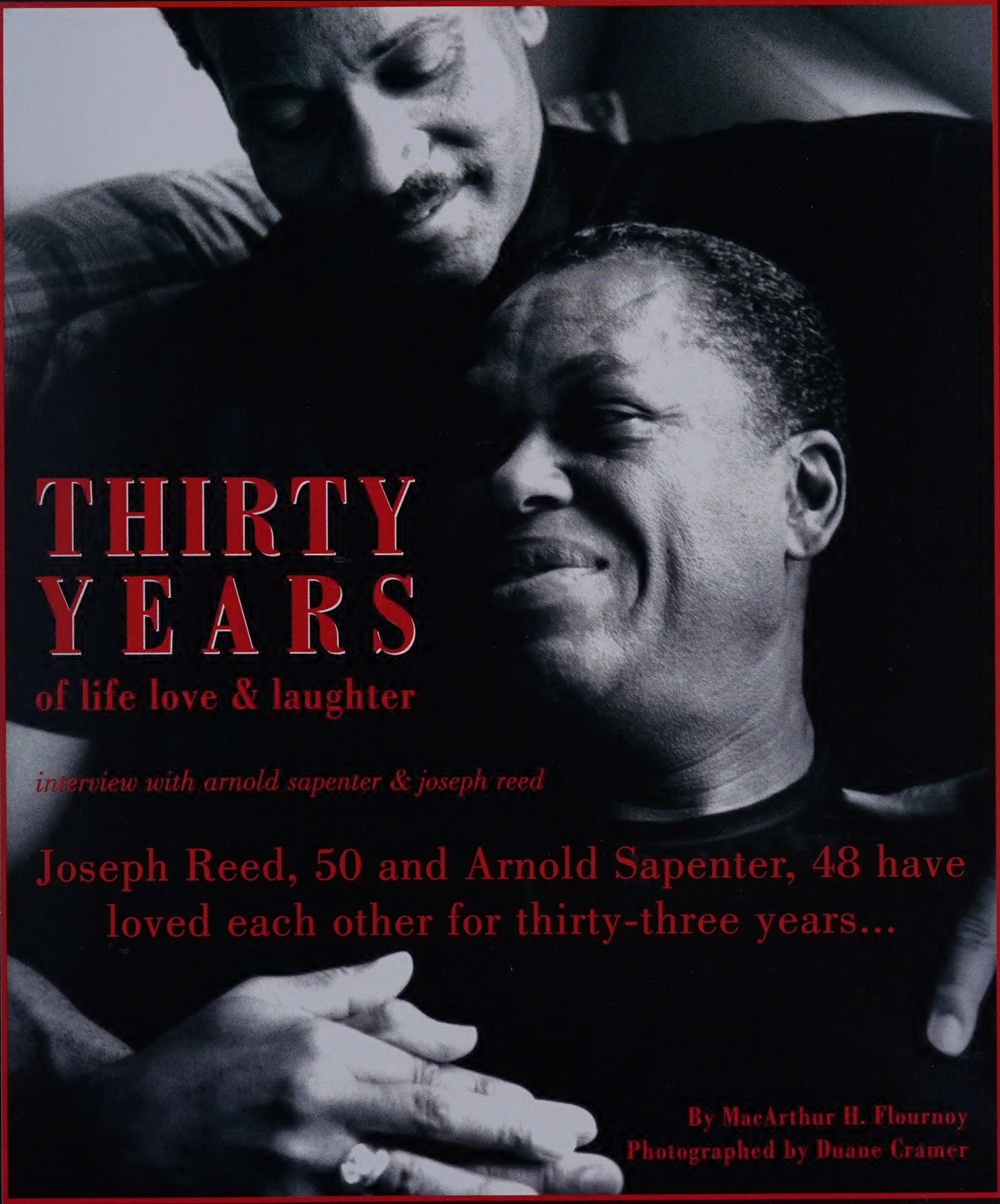
## STORAGE

**Store at 2° to 8°C (36° to 46°F). Do not freeze or shake.**

◆

ORTHO BIOTECH

Manufactured by: Amgen Inc., US Lic. # 1080, Thousand Oaks, California 91320-1789
Distributed by: **Ortho Biotech Products, L.P.**, Raritan, New Jersey 08869-0670
December 2000 638-29-979-9BH



# THIRTY YEARS

## of life love & laughter

*interview with arnold sapenter & joseph reed*

Joseph Reed, 50 and Arnold Sapenter, 48 have loved each other for thirty-three years...

**By MacArthur H. Flournoy**
**Photographed by Duane Cramer**

Aboard a bus headed home for the Christmas Holidays, in the winter of 1969, Arnold Sapenter and Joseph Reed began a journey that would go far beyond their immediate destinations, but in fact would lead them to a life of longevity, prosperity, love and success.

Both men were students at Wisconsin University. Joseph was a junior, as an exchange student from Texas University, while Arnold was a freshman.

Shortly after meeting something signaled Arnold that this was a ride that was destined to go much further. "I tried to change my flight so that I could continue traveling with Joseph," remarked Sapenter.

But if the adage "delay does not mean denial" holds any genuine meaning, then truer words could not describe the future that lay ahead for the duo.

Upon returning to school after winter break the two would meet again in a class on comparative politics. No less fateful, they were assigned to the same dormitory in 1970. "We spent spring break together over Easter weekend." We call that "Good Friday" remarked Reed.

"In 1970 people were very open and looking for new ways to relate to each other. The University of Wisconsin was considered very advant garde. Every one wanted to know someone black and someone gay. Being gay was not the issue, being black was more of an issue. People see us more as black men than they do as black gay men," reflected Reed.

At the time, Joseph had a received a full scholarship to Purdue. "I was packing but I kept telling my mother I'm not going there. I had my mind focused on Arnold. Then the letter of acceptance to grad school from Wisconsin University came in and the rest as they say is history."

Reed, the Dean of Academic Affairs at a Massachusetts University and Sapenter, the Director of Diversity of the Massachusetts Environmental Protection Agency, acknowledge the complex intersection between race, class, sexual orientation and ethnicity.

"We have always been able to get the best in terms of housing or other aspects of life. I think its because we are gay... notes Sapenter. Reflecting further, he offers, "I believe it has more to do with our professional background, education, economics, privilege and class. After those things people are much more accepting of gays."

Education has always been the equalizer. For young gay men today, having an education makes it easier in the United States. A major difference today is that there is a kind of segregation among black gay men based on class and education," remarked Reed.

And while the two are insightful about the opportunities their success has brought them, they are no less aware of the challenges that come with the terrain of achievement.

"People are becoming more compartmentalized. Among gay men there is ageism, as you get older. If you have more money or resources people put you in a certain category. Over time maintaining the kind of relationships becomes harder."

> "Commitment is terribly important. Compatibility is vital; you must have similar values, goals & aspirations."

"When we give parties we welcome a very diverse group of people. We have had to work very hard to have black men as friends because of economic. But our parties are very mixed and vibrant. People love meeting men of color."

"We are known as community builders. We are committed to building a family. There's always a core of people we see. The AIDS epidemic took its toll on people our age. We lost a lot of friends. Now people have issues that really get in the way of being connected. Race, health, age, class & economics are all things we have to contend with to remain connected."

Over the course of their thirty-plus year partnership, Reed and Sapenter have observed certain trends and dynamics that appear to be common to gay men in general and black men in particular.

"We find that our friends move away from each other when we are distressed. They don't realize the value of being together whether or not we are in distress. White gay men do the same."

Without a doubt, Reed comes across as the more loquacious of the two, with Sapenter often deferring but no less engaged in the conversation. And perhaps that is one of the secret ingredients to the success of this relationship that has endured over time.

According to Reed, "Our initial commitment was to stay together as long as it was good. Working at it over time, we have spheres of influence. When you have this, you don't have jealousy is terms of success. This is especially true of gay men. We each bring something to the relationship. We don't compete."

Sapenter builds on Reeds thought. "Commitment is terribly important. Compatibility is vital; you must have similar values, goals & aspirations. We are committed to building a family. Reed in true spousal rhythm completes the thought. It's about "being equally yoked." You have to like each other and love each other."

Theirs is not a relationship without the essential element of intimacy or being grounded in the reality of basic needs for all human beings.

You really have to have a good sexual relationship. It really gets you through the difficult times. We can't diminish that good sex is part of good health. Sexuality is important to having a healthy relationship. Sexuality that is unfulfilled and incorrectly channeled is what causes problems. If there is no erotic passion then the fire for the relationship is lost" notes Reed.

"When you are truly intimate with someone there is life and love of passion. You have to understand sex in the context of the relationship."

Joseph puts it succinctly with laughter and boldness: "Bottom line: Good sex is good sex."

Each man has his own domain and personal interest. For Arnold, when he is not preoccupied with his duties as a board member of a Massachusetts AIDS service organization, or trustee of a art institute or serving in his role as President of the National Forum of Black Public Administrators, you will find him gardening, cooking, collecting art and other civic duties.

Joseph on the other hand is inundated with the affairs of academic life, and his active role as a member of a Pentecostal Church were he is one of the principal musicians. A gregarious and hospitable man, Joseph seems most comfortable when he is hosting a guest in their home or entertaining friends, colleagues and acquaintances.

"There must be respect for boundaries," states Reed.

"It is important to set goals for career and personal life. It's equally important to create more financial security as you mature." remarks Sapenter.

Reed builds on the thought. "Make a commitment to yourself and your well being first, then after you have made that commitment, the fruits of that will allow you to help others. Learn to love yourself first, and then learn to love someone else."

Reed understands the magnitude of their interdependence, while appreciating the balance individuals must bring to the relationship. "We literally have no one else to depend on but each other. It's important to be committed to yourself. If you can't take care of yourself, you can't take care of anyone. If I'm whole, then I'm alive to take care of someone else."

In considering their future and what lies ahead, both men will tell you in terms of their relationship "We don't put limitations on it. Our goal is to teach gay men to love themselves."

Walking through life as friends, partners, lovers and companions, both Reed and Sapenter share a philosophy about living that is characteristic of their wisdom and indicative of their lessons learned in life thus far.

"When you set forth an intention, the intention is always manifest. Every thing stems from our intentions. You have to will for your life. It is your intention and your will that moves you to the pathway. The intention is always manifest."

As only one who is wise and learned about life can, Reed offers one final thought in the form of a question: "What do you intend for your life?"

# Our Common Welfare:

## Faye Brown-Sperling

By Akilah Monifa

Faye Brown-Sperling is co-founder (along with her husband, sister and others) and executive director of "Our Common Welfare." OCW, as it is most commonly referred, serves men and women who have or are at-risk for HIV/AIDS and/or substance abuse. They primarily target is the African American population. The breakdown of clients are 90% African Americans, 80% male, 20% female, 40% gay/bisexual/transgender men and less than 1% self-identified lesbian. All the folks served are below the federal poverty level. OCW provides community activities such as outreach and HIV counseling and testing. Their mission is "to provide quality education and supportive services for persons who have or are at-risk for HIV/AIDS and/or substance abuse, their families, significant others and the community at-large' and to empower each individual to live healthy, productive lifestyles with dignity and respect."

The organization was literally started in Ms. Brown-Sperling's living room in 1988 after a mere two years of her being clean and sober and wanting to start an organization that was a support system for folks in recovery. Since then the organization has gone on to received the 2001 National Life Award for their community HIV testing activities. That year they tested 1,927 people and had an amazing 86% of them return for the results as compared with the norm of 18%.

She is rare, a woman running an HIV program. She feels that men and sometimes women underestimate her. An army brat born in Little Rock Arkansas, she completed high school in Germany. She is small in stature, but not in ideas. She feels that OCW is her calling and even prayed for direction from God at a time when her life appeared to be directionless. Her work is all consuming and a self-professed workaholic, she admits that her personal life has suffered but her husband and family understand and support her. "They participate in OCW . . . at every level and are constant emotional and spiritual support." She is also a "recovering person," clean and sober since 1986. She learned that a man she used to shoot

**nuevo:** [nu•wāv•o] **new** / adj.
1.recently begun, made, built. 2.different.
3.just beginning to be used; fresh.

**design & multimedia**

identity
print
packaging
web
video
interactive
illustration

**510.432.2124**
designs@nuwavo.com
www.nuwavo.com

nuwāvo

© 2002 nuwāvo

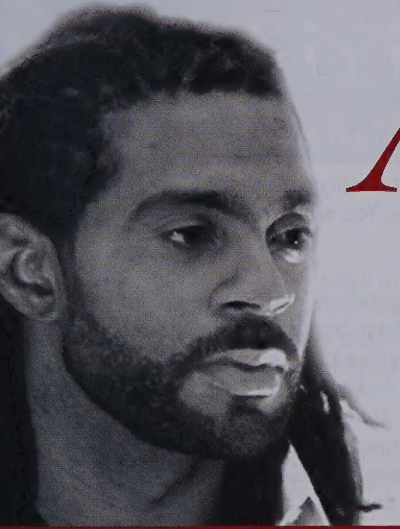
drugs with had AIDS. At that time in the eighties she was shocked, she viewed AIDS as a white gay man's disease. She was living in Los Angeles during the time she was using and thought addicted people lived in New York and shot up in ally ways and were homeless and didn't take care of their families. In retrospect she viewed herself as a "functioning addict" although she was a junkie, she maintained jobs for a great deal of the time of her addiction.

Brown-Sperling's main concern in the late eighties was dodging herpes. She left Los Angeles for Atlanta because she had family there. Shortly thereafter she literally asked God what he wanted her to do with her life. The answer came in the form of OCW. The term "our common welfare" derives from the 12-step programs and the concept that we are not alone and isolated and that we must work for the common welfare of the community for any individual to be whole as well.

So OCW started simply in her living room providing support group for folks to talk. She self-funded at first, simply providing doughnuts, coffee, and fried chicken. Today the staff is 30, 26 of those full time. OCW has and is funded by the Center for Disease Control, Ryan White, board of Health, the county and other grants and foundations. There is short and long-term housing as well as HIV testing and counseling. And of course, the mainstay, "Here's to Life" meetings/support group still continues on Wednesday nights. Brown-Sperling has a penchant for focus groups as she firmly believes in asking the targeted folks what they want and what type of program(s) they will participant in.

Through OCW Faye believes that she is "giving people an opportunity to realize their dreams." Her own hopes and dreams for OCW is that in "five years OCW has exceeded both our consumers and my expectations as far as becoming a full service agency. We currently do not have medical staff. I plan that we will be successful in strategic planning for the longevity of this agency." She needs to help someone every day and thinks that "dreams are so very necessary in the face of adversity." Her clients motivate her tremendously. "When they graduate drug treatment, when their immune system function improves, when they stop being scared of HIV, when they come back having been hired, and when they have a key to their own home in their hands. We have had weddings, folks have gotten Masters degrees and even greater . . . this is why I do what I do."

# A New Tradition:



# Actualizing the Power of God

### By Sundiata Alayé

Life has an incredible ebb and flow, and as a product of just living on this earth, we're exposed to a wealth of challenges and adversities on a daily basis. These adversities, whether they are our insecurities, loneliness, relationship issues, family clashes, illness, or however they may present themselves are a part of the experience of life. One thing is for sure they do have the potential to bring with them such pain.

My life is no different. On most days, I feel as if I am completely together then suddenly one false move by someone or something and I simply fall apart. Similarly, there are days when I feel a sense of loneliness and even a sadness that can stop me in my tracks. Admittedly, these feelings don't visit with me as often as they used to, but when they do, I become consumed with the disappointments, the pain, and the emotional roller coaster ride that keeps me tied to confusion.

Those periods of uncertainty are difficult. And as it is with most of us, our defense mechanisms start immediately looking for a response to make the situation better and make whatever feelings we have subside. Unfortunately, we sometimes look to remove those feelings by either attacking, internalizing, or by avoiding having to deal with them. Other times we make every effort to forget it. We - for the most part - haven't been taught the necessary coping skills that would allow us to remove ourselves from an unhealthy situation or event. Instead, we normally say, "Forget it. Move on!" But moving on is not as easy or as effective as we would like to be and the issue or at least the pain caused by it eventually comes back in some way. We may or may not recognize it, but it comes back - only this time worse!

What I've learned - by a lot of painful trial and error - is that I've always had the answers tucked away inside me. I also understood that life changes and there's nothing we can do about that. We find that there may be some harshness, or insensitivity coming from people around us. One moment they're nice, the next moment they're nasty. Today they may love us, but tomorrow they treat us like a stranger. One day life seems good and the next it's bad. One day you appreciate your body; the next all you can see is love handles, flab, and think your nose is way too big for your face. When people say or do things to us, it's not necessarily the person or even what they say that causes the most harm. It's the feeling we get when they do. It's the way the words make us feel that initiates our response and depending on where we are, whether we're having a good day or a bad day, we might be inclined to attack or we may just shrug it off. If we're met with rudeness or the callous attitude of others, our first instinct is to let them have it. And let them have it we will!

We'll yell back, or insult, or fire back with a response that is sure to "put them in their place." This kind of behavior is what we believe to be appropriate. We've been taught to fight fire with fire.

But what we think as our natural reactions to these situations are really unnatural reactions. Not only are they unnatural, but they also tend to be unreasonable because they go against our natural instincts to love and to forgive. These natural instincts have been buried beneath all of our fears and our pain. They are at the very root of our fears and our belief in separation. What ends up happening is amid all the drama is that you'll find your blood pressure rises, and your mood is destroyed.

Other times what happens when we don't strike back is that we internalize. We retreat. Yet, exerting the energy it takes to attack as well as the energy it takes to internalize only causes more harm than the events themselves. When we place this kind of power into the hands of others or into difficult events we become weak and vulnerable to all of life's dramas. Allowing our behaviors to be dictated by the behaviors of others and the flux of life's experiences is really no way to live. When you surrender the power over your mental wellness and stability you'll never be at peace. Instead, you become susceptible to the changes and challenges life presents, and at the point where you become disappointed by something that didn't go according to plan, you crumble under the pressure.

We have choices in life that we must make. Decisions about how to live, how to act, and how to respond to challenges that life can sometime present. What many of us don't realize is that there is another choice an opportunity to respond to these challenges and control the feelings that linger in the wake of them. That choice is complete forgiveness on our part; forgiveness of the event, the person, and us. This is a conscious spiritual choice we make to face a situation and overcome the feelings by staying grounded in love.

The fact is we're all faced with difficult times, heartaches, and heartbreaks. Sometimes we face them often, other times not so often. It's life, and you can't change that. But the one thing you can change is how you process these experiences - that is how you allow them to affect you. The amazing thing is that it simply requires you to consciously move yourself away from the feelings. You have to shift from pain to peace. You need a miracle.

Miracles are not just the thing that fantasies and fairytales are made of. Miracles are real. They happen all around us and they happen every day. We may not notice them or recognize them as such but they do. Miracles occur as we make an effort to see things clearly, to see things holy, and to interpret them in a more divine way. What this means is that we must ask for a miracle to happen before it will come. This is evidence of our faith in the incredible power of God. We have to believe that we can get beyond feelings and emotions as a result of our request to have them changed.

Our peace, our mental stability, and our emotional health are our responsibility. What this means simply is that nothing occurs on the outside of us! It simply means that nothing and no one has the ability to make us feel a certain way detrimental to sanity. It means that no matter what people say or do, or no matter how we may feel victimized by events, experiences, or disappointments in life, we have the ability to keep it away from our consciousness. People can't cause us pain. People can't make us moody, and people don't have the real power to change our disposition. To believe that they do is an immature way of looking at life.

The Spirit Reminds Us as we become more spiritually aware is that we have the ability to anchor ourselves deep in love and in control so that when the storms of life come, and they will come, you'll endure the rough seas and uncertain tides as they pass. With this anchor, you are immuned to passing dramas and the confusion that comes. That anchor is God. And when we depend on God, we not only allow miracles to happen, but we also witness and experience them in every moment.

# the benefits of Charitable Giving

### by Denise Liggett

There are many ways to share wealth with others: giving to children, grandchildren and charities are just a few examples. Many people wish to acknowledge the benefits they received from the educational process by contributing to their high school or college as alumni.

In addition to the joy of giving, there are a number of other incentives for charitable contributions. Charitable gifts can provide a significant income tax deduction in addition to the satisfaction of helping a worthy cause. And, when properly structured, such gifts may also enable the donor to avoid capital gains taxes, reduce or eliminate estate taxes and even diversify the giver's investment portfolio.

Some of these diverse objectives may be achieved through a type of tax-exempt trust known as a charitable remainder trust (CRT). In establishing a CRT, the donor receives:

- an income tax deduction for the present value of the trust's remainder interest directed to the charity;
- lifetime annual income for the donor and spouse;
- the principal of the trust distributed to a designated charity; and
- the donor's estate is reduced by the assets transferred into the original trust.

A CRT may offer substantial financial flexibility, even to middle-income bracket taxpayers who have held onto non-income producing assets, simply because they don't know about helpful alternatives. The donor often transfers appreciated but low-income or non-income producing assets to the trust to be converted into an income-producing portfolio without paying capital gains taxes on the sale.

A donor establishes a CRT by transferring debt-free assets into an irrevocable trust. If assets with debt attached, such as mortgaged real estate, are transferred into a trust, adverse tax consequences may endanger the tax-exempt status of the trust. Once the assets are sold by the trustee, the proceeds of the sale are invested in an income-producing portfolio. In the case of a married couple, this income can last until the death of the surviving spouse when the principal of the trust passes to the designated charity or charities.

Thus, appreciated stock, real estate or other appreciated assets can be converted into an income stream to provide college funds or retirement income while assisting a worthwhile charitable cause. Many financial experts feel that CRTs will continue to be a beneficial arrangement for both donors and recipients as the federal government looks increasingly to the private sector for financial support of social programs.

Because assets must be placed in an irrevocable trust to gain the full benefits of tax-exemption, the most likely candidates for CRTs are persons age 60 or older who are willing to give up ownership of assets to accomplish their financial goals.

The biggest objection to this strategy may be that heirs are overlooked in passing on some of a family's accumulated assets. This situation can be addressed by using a portion of the income generated by the CRT to purchase a "wealth replacement" life insurance policy equal to the value of the CRT. The proceeds of this policy can be arranged to pass free from both income and estate taxation if properly structured to the family's children or heirs at the death of the surviving spouse.

CRTs are governed by a complex network of regulations. To ensure both the charitable contribution and full tax benefits, a CRT must be structured by an experienced estate planning team which may include a lawyer, CPA, insurance professional and other financial specialists. Business owners, as well as families and individuals, can benefit from the use of CRTs in achieving charitable, as well as financial, objectives.

Denise L. Liggett 202-277-5835
Registered Representative of AXA Advisors,LLC and Agent of the Equitable Life Assurance Society of the United States.

This individual is an Investment Advisory Representative in MD, VA, DC and NJ and is licensed to sell insurance products, and is register to offer securities in those states

# **TRIZIVIR**—the only complete 3-drug HIV treatment in 1 tablet

## Details on use of TRIZIVIR

TRIZIVIR treats HIV infection alone or in combination with other HIV medicines. There is little information about its use in patients with large amounts (>100,000 copies) of virus in their blood. At this time, it's not known whether taking TRIZIVIR will slow the progress of HIV disease or help you live longer.

TRIZIVIR does not cure HIV infection/AIDS or prevent passing HIV to others.

## Important safety information

TRIZIVIR contains abacavir sulfate, which is also called ZIAGEN®. About 1 in 20 patients (5%) who take abacavir (as TRIZIVIR or ZIAGEN) will have a **serious allergic reaction** (hypersensitivity reaction) that **may cause death if the drug is not stopped right away.**

*You may be having this reaction if:*

**(1) you get a skin rash, or**

**(2) you get 1 or more symptoms from at least 2 of the following groups:**

- **Fever**
- **Nausea, vomiting, diarrhea, abdominal (stomach area) pain**
- **Extreme tiredness, achiness, generally ill feeling**
- **Sore throat, shortness of breath, cough**

If you think you may be having a reaction, **STOP taking TRIZIVIR and call your doctor right away.**

If you stop treatment with TRIZIVIR because of this serious reaction, **NEVER take abacavir (as TRIZIVIR or ZIAGEN) again.** If you take any of these medicines again after you have had this serious reaction, **you could die within hours.**

Some patients who have stopped taking abacavir (as TRIZIVIR or ZIAGEN) and who have then started taking abacavir again have had serious or life-threatening allergic (hypersensitivity) reactions. If you must stop treatment with TRIZIVIR for reasons other than symptoms of hypersensitivity, do not begin taking it again without talking to your healthcare provider. If your healthcare provider decides that you may begin taking abacavir (as TRIZIVIR or ZIAGEN) again, you should do so only in a setting with other people to get access to a doctor, if needed.

A written list of these symptoms is on the Warning Card your pharmacist gives you. Carry this Warning Card with you.

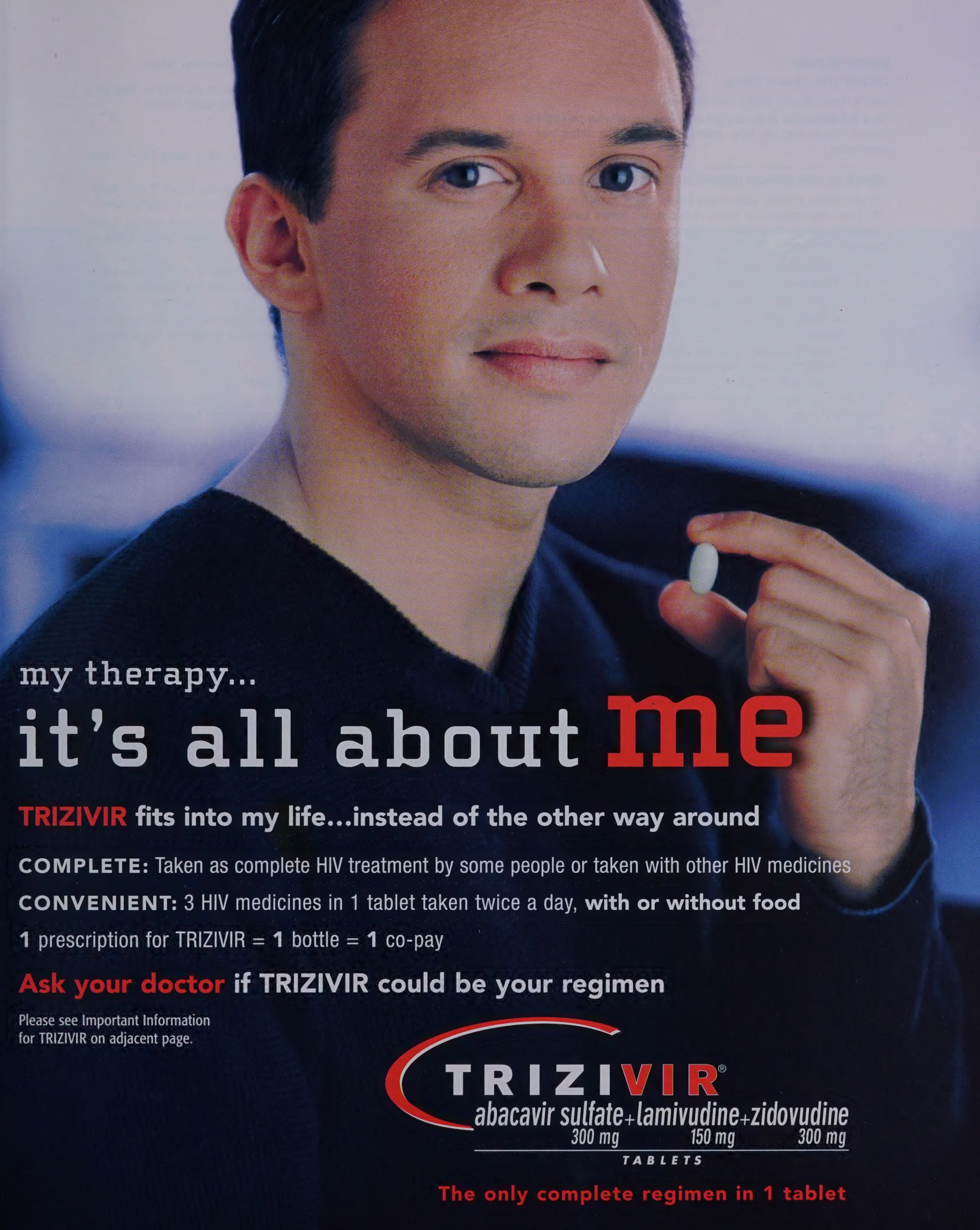
**Make sure to see your doctor regularly because serious side effects can occur, such as muscle damage and a decrease in red and/or white blood cells, especially in patients with advanced HIV disease or AIDS.**

**A buildup of lactic acid and severe liver problems, including fatal cases, have been reported with HIV drugs of this type, including the medicines in TRIZIVIR and other antiretrovirals.**

The most common side effects of taking the medicines in TRIZIVIR together are nausea, vomiting, diarrhea, loss of appetite, weakness or tiredness, headache, dizziness, pain or tingling of the hands or feet, and muscle and joint pain.

**www.TRIZIVIR.com**

gsk GlaxoSmithKline



my therapy...

# it's all about me

**TRIZIVIR fits into my life...instead of the other way around**

**COMPLETE:** Taken as complete HIV treatment by some people or taken with other HIV medicines

**CONVENIENT:** 3 HIV medicines in 1 tablet taken twice a day, **with or without food**

**1** prescription for TRIZIVIR = **1** bottle = **1** co-pay

**Ask your doctor if TRIZIVIR could be your regimen**

Please see Important Information
for TRIZIVIR on adjacent page.

**TRIZIVIR®**
abacavir sulfate 300 mg + lamivudine 150 mg + zidovudine 300 mg
TABLETS

**The only complete regimen in 1 tablet**

# MEDICATION GUIDE

**TRIZIVIR® (TRY-zih-veer) Tablets**

Generic name: abacavir sulfate, lamivudine, and zidovudine

***Read the Medication Guide you get each time you fill your prescription for Trizivir. There may be new information since you filled your last prescription.***

## What is the most important information I should know about Trizivir?

Trizivir contains abacavir, which is also called Ziagen®. About 1 in 20 patients (5%) who take abacavir (as Trizivir or Ziagen) will have a **serious allergic reaction** (hypersensitivity reaction) that **may cause death if the drug is not stopped right away**.

*You may be having this reaction if:*

***(1) you get a skin rash, or***

***(2) you get 1 or more symptoms from at least 2 of the following groups:***

- **Fever**
- **Nausea, vomiting, diarrhea, abdominal (stomach area) pain**
- **Extreme tiredness, achiness, generally ill feeling**
- **Sore throat, shortness of breath, cough**

If you think you may be having a reaction, **STOP taking Trizivir and call your doctor right away.**

If you stop treatment with Trizivir because of this serious reaction, **NEVER take abacavir (as Trizivir or Ziagen) again.** If you take any of these medicines again after you have had this serious reaction, **you could die within hours.**

Some patients who have stopped taking abacavir (as Trizivir or Ziagen) and who have then started taking abacavir again have had serious or life-threatening allergic (hypersensitivity) reactions. If you must stop treatment with Trizivir for reasons other than symptoms of hypersensitivity, do not begin taking it again without talking to your health care provider. If your health care provider decides that you may begin taking abacavir (as Trizivir or Ziagen) again, you should do so only in a setting with other people to get access to a doctor if needed.

A written list of these symptoms is on the Warning Card your pharmacist gives you. Carry this Warning Card with you.

Trizivir can have other serious side effects. Be sure to read the section below entitled "What are the possible side effects of Trizivir?"

## What is Trizivir?

Trizivir is a medicine used to treat HIV infection. Trizivir includes 3 medicines: Ziagen (abacavir), Epivir® (lamivudine or 3TC®), and Retrovir® (zidovudine, AZT, or ZDV).

All 3 of these medicines are called nucleoside analogue reverse transcriptase inhibitors (NRTIs). When used together, they help lower the amount of HIV in your blood. This helps to keep your immune system as healthy as possible so it can fight infection.

Different combinations of medicines are used to treat HIV infection. You and your doctor should discuss which combination of medicines is best for you.

Trizivir does not cure HIV infection or AIDS. Trizivir has not been studied long enough to know if it will help you live longer or have fewer of the medical problems that are associated with HIV infection or AIDS. Therefore, you must see your health care provider regularly.

## Who should not take Trizivir?

Do not take Trizivir if you have ever had a serious allergic reaction (a hypersensitivity reaction) to any of the medicines that make up Trizivir, especially Ziagen (abacavir). If you have had such a reaction, return all of your unused Trizivir to your doctor or pharmacist.

Do not take Trizivir if you weigh less than 90 pounds.

## How should I take Trizivir?

To help make sure that your anti-HIV therapy is as effective as possible, take your Trizivir exactly as your doctor prescribes it. Do not skip any doses. The usual dosage is 1 tablet twice a day. You can take Trizivir with food or on an empty stomach.

If you miss a dose of Trizivir, take the missed dose right away. Then, take the next dose at the usual scheduled time. Do not let your Trizivir run out. The amount of virus in your blood may increase if your anti-HIV drugs are stopped, even for a short time. Also, the virus in your body may become harder to treat.

## What should I avoid while taking Trizivir?

Do not take Epivir, Retrovir, Combivir®, or Ziagen while taking Trizivir. These medicines are already in Trizivir.

You should avoid taking stavudine (Zerit®) while taking Trizivir. If your doctor prescribes doxorubicin or ribavirin, tell your doctor that you are taking Trizivir.

Practice safe sex while using Trizivir. Do not use or share dirty needles. Trizivir does not reduce the risk of passing HIV to others through sexual contact or blood contamination.

Talk to your doctor if you are pregnant or if you become pregnant while taking Trizivir. Trizivir has not been studied in pregnant women. It is not known whether Trizivir will harm the unborn child.

Mothers with HIV should not breastfeed their babies because HIV is passed to the baby in breast milk. Also, Trizivir can be passed to babies in breast milk and could cause the child to have side effects.

## What are the possible side effects of Trizivir?

**Life-threatening allergic reaction.** Trizivir contains abacavir, which is also called Ziagen. Abacavir has caused some people to have a life-threatening allergic reaction (hypersensitivity reaction) that can cause death. How to recognize a possible reaction and what to do are discussed in "What is the most important information I should know about Trizivir?" at the beginning of this Medication Guide.

**Lactic acidosis and severe liver problems.** The medicines in Trizivir can cause a serious condition called lactic acidosis and, in some cases, this condition can cause death. Nausea and tiredness that don't get better may be symptoms of lactic acidosis. Women are more likely than men to get this serious side effect.

**Blood problems.** Retrovir, one of the medicines in Trizivir, can cause serious blood cell problems. These include reduced numbers of white blood cells (neutropenia) and extremely reduced numbers of red blood cells (anemia). These blood cell problems are especially likely to happen in patients with advanced HIV disease or AIDS.

Your doctor should be checking your blood cell counts regularly while you are taking Trizivir. This is especially important if you have advanced HIV or AIDS. This is to make sure that any blood cell problems are found quickly.

**Muscle weakness.** Retrovir, one of the medicines in Trizivir, can cause muscle weakness. This can be a serious problem.

**Other side effects.** Trizivir can cause other side effects. The most common side effects of taking the medicines in Trizivir together are nausea, vomiting, diarrhea, loss of appetite, weakness or tiredness, headache, dizziness, pain or tingling of the hands or feet, and muscle and joint pain.

This listing of side effects is not complete. Your doctor or pharmacist can discuss with you a more complete list of side effects with Trizivir.

Ask a health care professional about any concerns about Trizivir. If you want more information, ask your doctor or pharmacist for the labeling for Trizivir that was written for health care professionals.

Do not use Trizivir for a condition for which it was not prescribed. Do not give Trizivir to other persons.

gsk GlaxoSmithKline

GlaxoSmithKline
Research Triangle Park, NC 27709

©2001, GlaxoSmithKline All rights reserved.

May 2001 MG-014

*This Medication Guide has been approved by the US Food and Drug Administration.*

©2002 The GlaxoSmithKline Group of Companies
All rights reserved.

Printed in USA. TRZ117R0 July 2002

# FIRE & INK WRITERS FESTIVAL

## A STUNNING CELEBRATION OF BLACK WRITERS

By Brent Dorian Carpenter and Akilah Monifa

Fire & Ink: A Writers Festival for GLBT People of African Descent had the write stuff for those who attended and participated. Subjects ranged from the getting blacks to deal with alarming rate of deaths from breast cancer to allowing the next generation of writers to show off their work.

Samuel Delaney, Keith Boykin, Shirlene Holmes and James Earl Hardy were among the invited guests and all invoked the spiritual presence of Langston Hughes, Zora Neale Hurston, James Baldwin, Lorraine Hansberry, Pat Parker, Essex Hemphill and June Jordan. It was truly a day for the history books.

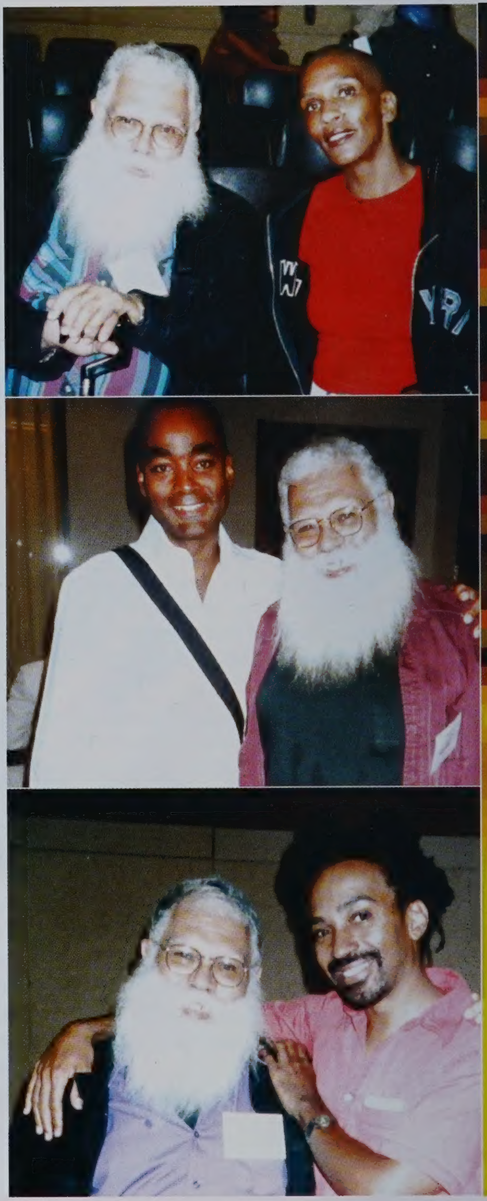
Held at the University of Illinois-Chicago on Sept. 19-22, the festival was loaded with a festive mix of literary establishment, ascendant newcomers, and plain old literature lovin' people. The first evening offered stirring tributes to Jordan and Hemphill and a marvelous performance by a trio of actors called Adodi Muse from Atlanta.

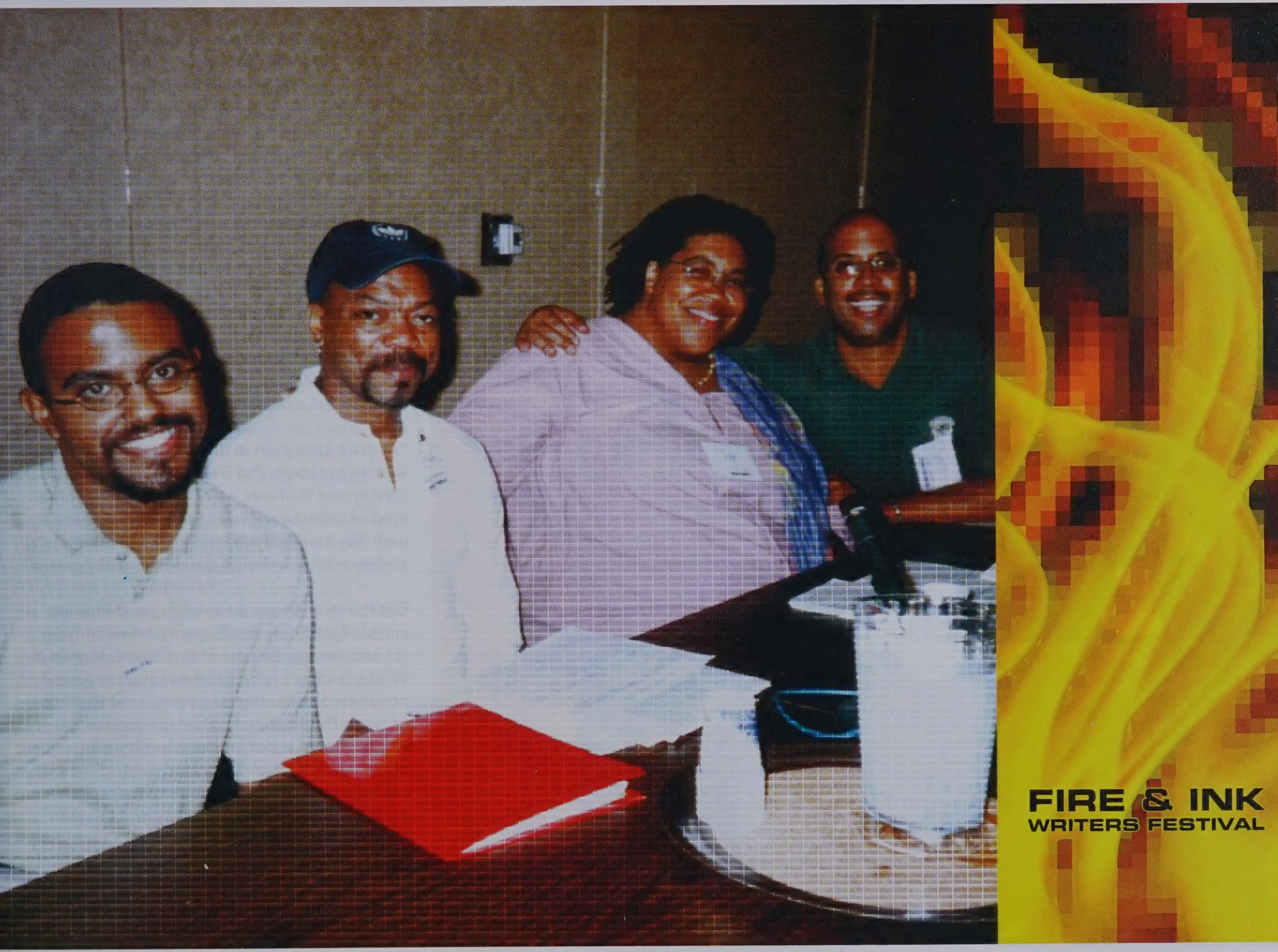
On Friday evening, the Rev. Dr. Shirlene Holmes, a playwright and associate professor in the Communications Department of Georgia State University, set the reverent and mirthful tone for the entire weekend by drawing a direct line from the greats of yesteryear to those in the room aspiring to greatness today. "Close your eyes. Do you smell that cigarette smoke? That's James Baldwin over in the corner. We are nothing new. We are a continuation. We are the dream of James Baldwin."

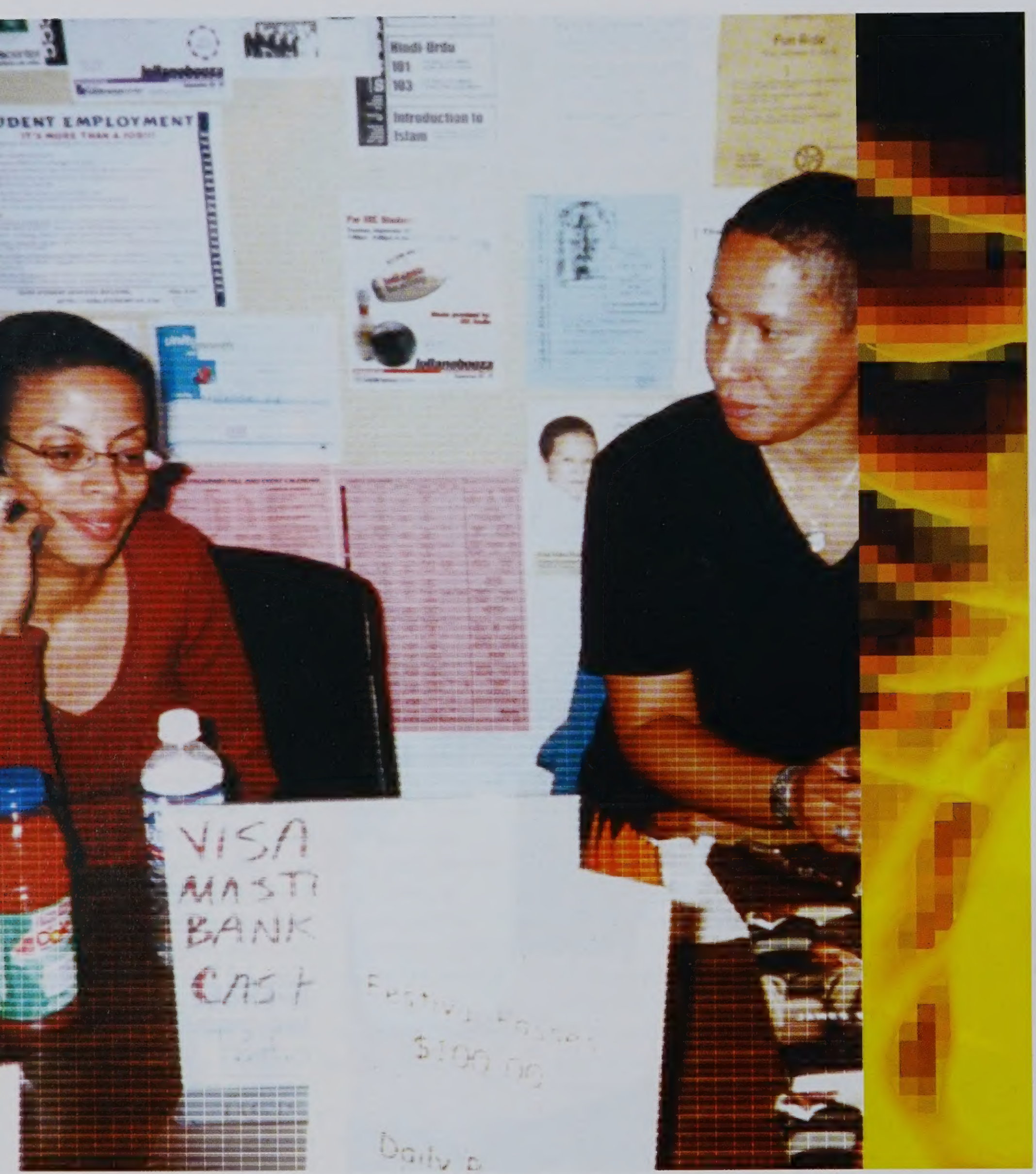
Holmes brought the house down several times with applause and laughter. "We are making history! Somebody take my picture!" she said. She reminded those gathered of the astonishing advantages possessed by writers at the dawn of the 21st century. "Imagine Langston Hughes with some electricity in his typewriter!" She added that she was "standing tall not because of her momma and daddy, but because she was standing on the shoulders of James Baldwin, Zora Neale Hurston, Essex Hemphill, and Lorraine Hansberry. Imagine Lorraine Hansberry with a Web site! Let us remember those who had to write silently and more importantly, those who did not!"

This point was reiterated in the program booklet. The book contained a historic document written by Barbara Smith and Joseph Beam at the 2nd National Black Writers Conference at Medgar Evers College in March 1988. It was a scathing reprimands of the conference organizers who were attempting to exclude and marginalize the gay and lesbian writers in attendance. It read in part:

"In spite of efforts to ghettoize and exclude us, we are part of a long and proud Black Lesbian and Gay literary tradition. The Harlem Renaissance could not have occurred if it had not been for its Black Gay participants, among them: Countee Cullen, Langston Hughes, Wallace Thurman, Alain Locke, and R. Bruce Nugent. James Baldwin, undoubtedly the best-known African-American writer, gave us many positive depictions of gay male relationships including those between Black men. Baldwin opened up new literary territory for an entire generation and served as a special role model for those of us who are lesbian and gay. Yet, since his death in December 1987, there has been a concerted effort to ignore the fact that he was homosexual."




FIRE & INK
WRITERS FESTIVAL



It concluded with the phrase, "Yet, we are alive, well, and living with dignity, carrying out the challenge of our difficult and much needed work." There were 20 signatures attached to the bottom of the document. Among them, Essex Hemphill, Jewelle Gomez, Audre Lorde, Pat Parker, Michelle Parkerson and Assotto Saint. It was the equivalent of a black gay Declaration of Independence.

The keynote speaker for the weekend, Thomas Glave, Village Voice writer and assistant professor of English and Africana Studies at State University of New York, said took the event down a different path when he implored his black brothers to help with the black female breast cancer crisis.

"Audre Lorde died of breast cancer and that was no accident. Pat Parker died of breast cancer and that was no accident. June Jordan died of breast cancer and that was no accident. We must address the needs of our sisters as they addressed ours during the AIDS crisis."

But the main focus was writing and sharing knowledge. Some participants traveled from far and near to be part of this event. Marvin K. White (author of the Lambda Literary Award nominated collection of poetry, Last Rights (Alyson Publications). Poet, performer, playwright, visual artist and community arts organizer from San Francisco said: "Fire and Ink presented an opportunity to (re) collect my tribe. My tribe of Black Gay and Lesbian Writers," he said.

"Writing for me has always been successful when somebody reads a poem that I have written or heard me read, and seeks me out.

It's in that seeking out that I am validated, understood, placed. It's when they say, 'you sound just like my...' or 'you must be from the South' or 'I could have wrote that poem' that I feel like I am pulling my people back together."

"I write because I cannot leave it up to history to get me right. History can diminish, exclude or just get me wrong all together," he continued. "I am the living proof of what became of us. The tribe that ends with me. I have in me our stories."

Keith Boykin, author of "One More River to Cross: Black and Gay in America" said: "I've long wanted to see a conference of black LGBT writers, so I'm thrilled they actually did it," he said. "Just to see Samuel Delany, Cheryl Clarke and James Earl Hardy in one room is a rare treat, but to see hundreds of black LGBT writers in one room is truly amazing."

Science fiction literary icon Samuel Delaney also expressed awe at the event. "It's been amazing - spectacularly successful!" It would have been impossible to conceive of this in the 1950s. "My gay grad students have difficulty imagining the world pre-Stonewall," he said, invoking the 1969 Greenwich Village riots that demarcated the dawn of the gay rights movement. He implored the young writers of today to seize the opportunity afforded them by the hard-won freedoms of speech. "Talk honestly about what happens. That's what gives out information to people."

Panelist, photographer, archivist and founder of the Memphis Black SGL Alliance, Anthony Hardaway, who spent much of the weekend documenting the conference on videotape for reasons both personal and historic, was giddy

# FIRE & INK
## WRITERS FESTIVAL

with excitement. "This conference was very much needed for our community. There's no place I'd rather be! It was the perfect place to meet and network with Black Same Gender Loving writers and artist. Personally I am honored to have been a part of such a historic event, - as I continue to broaden my personal horizons and address the cultural needs of my southern black same gender loving region and community."

Sidney Brinkley, editor of the online magazine, Blacklight (www.blacklight.com): "This was a wonderful event. This was a significant event. This was an historic event."

The festival was facilitated by a remarkable collection of writers from across the continent, Lisa Moore, G. Winston James, Reggie Harris, Sharon Bridgforth, C.C. Carter, Samiya Bashir and Dorothy Randall Gray, and a wonderful contingent of volunteers who went the extra mile to provide comfort and enjoyment to the attendees.

The visionary Moore, the publisher of Red Bone Press who first conceived of the ambitious venture, was endlessly toasted and feted throughout the weekend. Overcoming personal tragedy in the form of a fire that devastated her apartment in Washington, she nevertheless persevered to see her vision through to fruition. In the closing session, some 60 festival participants formed a giant room-encompassing circle around her to thank her for tireless efforts and to bestow blessing and imbue her with positive energy.

At the close of the conference, the exhausted Moore, who got to attend only one workshop due to her hectic schedule, gasped a well-earned sigh of relief. "I'm really, really happy! The knots are going out of my stomach. I think this is an excellent first start."

Nineteen-year-old Abigail A. Sewell allowed the audience to experience her writing. Her winning the second place winner of Windy City Black Gay Pride's Poetry Slam contest rewarded her effort. Her youth was belied by a maturity seasoned by exquisite pain. "Have y'all ever got tired of livin' in your own shit?" she asked rhetorically to hoots of agreeable laughter. Her fiery rhetoric was rewarded with a standing ovation.

The one sour note was the revelation that, despite its many tremendous successes, Fire & Ink ended with several thousands of dollars of debt. A call was put forth for everyone in attendance to take ownership of the conference to spread the word for the next event, be that in 2004 or as early as next year, as many expressed great hope for an annual schedule. Indeed, several pledged to continue efforts to raise capital through fundraisers and tax-deductible donations to retire the debt and get a jump-start on the next event.

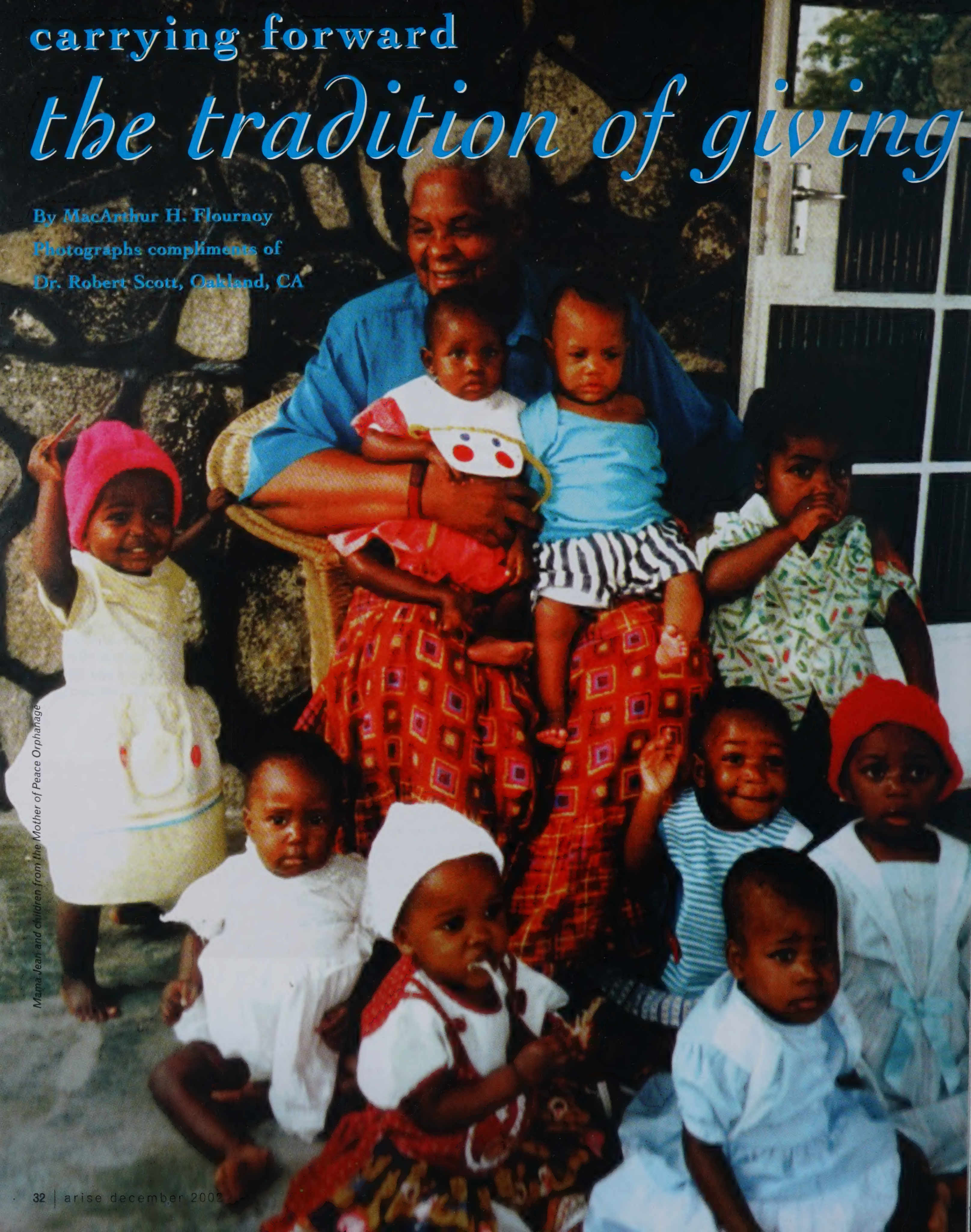
◆

For more information or to
make a donation, contact:
Affinity Community Services,
c/o Lisa Moore/Fire & Ink,
P.O. Box 15571,
Washington, DC 20003.
Phone (202) 452-7440.
E-mail: *FireandInk@aol.com.*

# carrying forward the tradition of giving

By MacArthur H. Flournoy

Photographs compliments of
Dr. Robert Scott, Oakland, CA



Mama Jean and children from the Mother of Peace Orphanage

Throughout history we have known people who distinguished themselves as champions of giving. Their gifts came in the form of art, literature, community service, ministry and myriad other ways. Someone who dared to believe in our hopes and dreams gave of himself or herself at one point or another, be it a loved one or stranger.

It is time to honor the tradition of giving.

The very act of giving has been a constant in the lives of people of African descent. We have given of our culture, our hearts and faith through service to the community. We have those visionaries in our midst that taught us through the example of their lives that giving is a necessary part of living, as much as breathing, drinking water or being loved.

Mother Jean Corneck is one such woman who is the walking embodiment of generosity and openheartedness. By way of her leadership and collective staff's efforts, Mother Jean (as she is lovingly called) has established The Mother of Peace Orphanage in Mutoko, Zimbabwe.

Mother of Peace Orphanage, Zimbabwe offers respite and care to families and children who have been neglected or abandoned due to the death of a parent or caretaker. While they share a common loss due to HIV/AIDS or other fatal illnesses, more than one hundred fifty children have also discovered the grace of amazing love that comforts, feeds, clothes and offers respite from what would otherwise be homelessness.

On the grounds of this verdant hillside compound, children and women are treated as family members, each caring and sharing with one another. Together they raise their own food through farming such as rice, corn, beans, wheat & vegetables; and citrus fruits such as mangoes & oranges.

You and I have an amazing opportunity before us. In keeping with this season of appreciation, gratitude and gift giving, ARISE Magazine would like to offer a suggestion: make a financial gift to Mother of Peace Orphanage.

If you have the ability to pick up ARISE Magazine and read its contents, I know that you are bountifully blessed quite possibly with sight, physical ability, cognitive skills and literacy. In so many ways we are magnanimously gifted in this life. Sometimes life's distractions can cause us to take such gifts for granted.

May we humbly suggest that you join ARISE Magazine in carrying forward the tradition of our ancestors, offering thanksgiving and appreciation for all that we have been given by being a blessing to another.

We lovingly invite you to join ARISE Magazine in supporting the Mother of Peace Orphanage where children and families lives have been devastated by HIV/AIDS.

Perhaps the greatest measure of our lives will not be what we attained but what we gave away. In our giving we will come to know a magnificent peace.

Congresswoman Barbara Lee and Dr. Robert Scott with Mama Jean

Mama Jean at the Magic Johnson HIV Clinic, San Francisco Grand Opening

**Please send all contributions directly to:**

**Mother Jean Cornneck**
**Co-Director**
**Mother of Peace Orphanage**
**Farm Number 320 Budjga, Mutoko, Zimbabwe**
**P.O. Box 310, Mutoko, Zimbabwe**
**Telephone: 011+263+72+234**
**Email: MutokoMotherPeace@yahoo.com**

ZUNA Institute Presents...

# National Black Lesbian Conference!

## Building Community: Moving Forward

Radisson Hotel Los Angeles Westside
6161 West Centinela Avenue
Culver City, California 90230
1-800-333-3333
Ask for Zuna Institute Rate

- workshops
- banquet
- a spiritual gospel brunch
- and much, much more

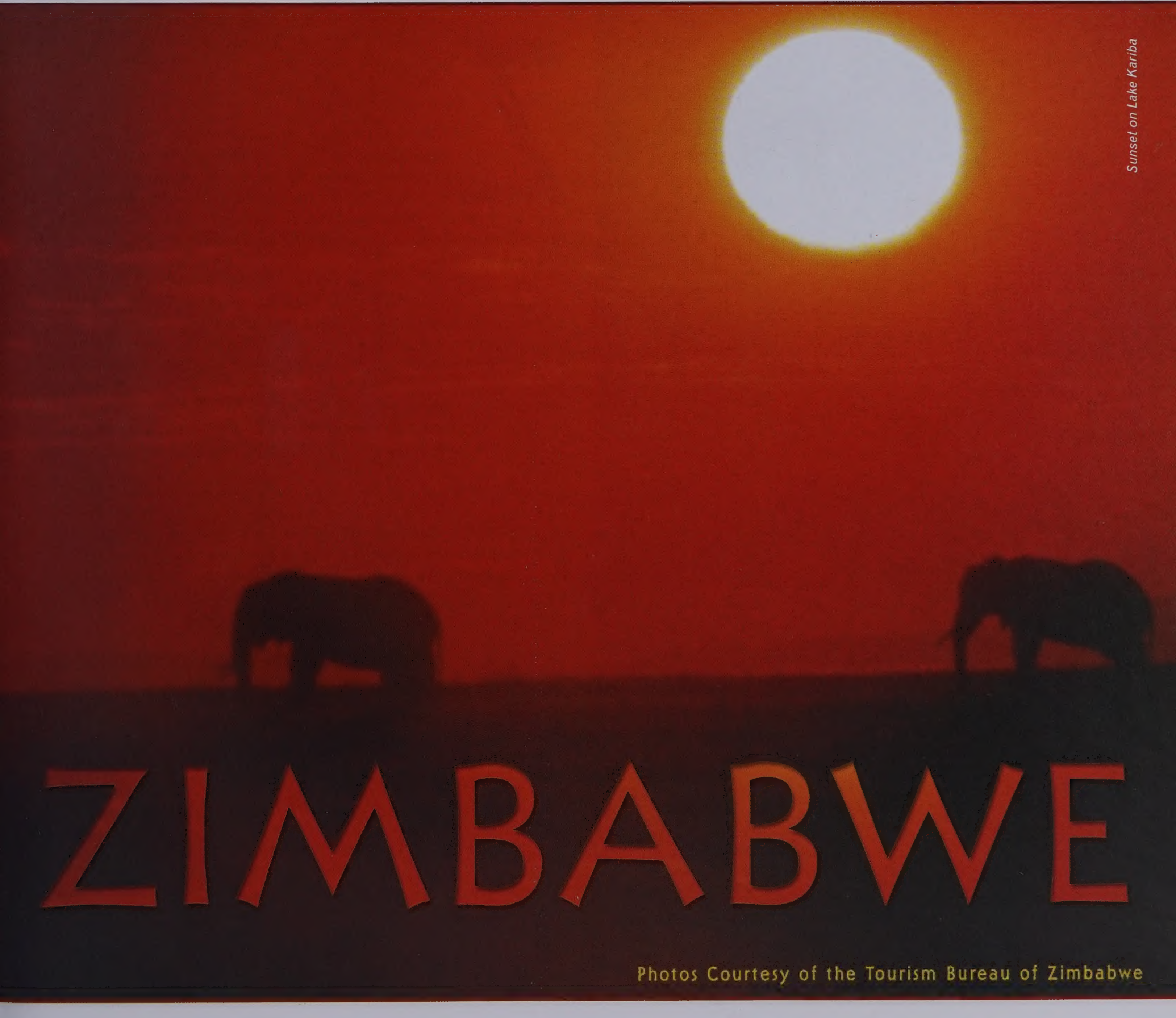
**April 11 - 13, 2003**

Don't miss this historic event!

Zuna Institute
6114 LaSalle Avenue
Suite 527
Oakland, CA 94611
Phone: (916) 419-5075
VM: (510) 482-1671
Fax: (916) 419-0738
www.zunainstitute.org

Thanks to the following sponsors:

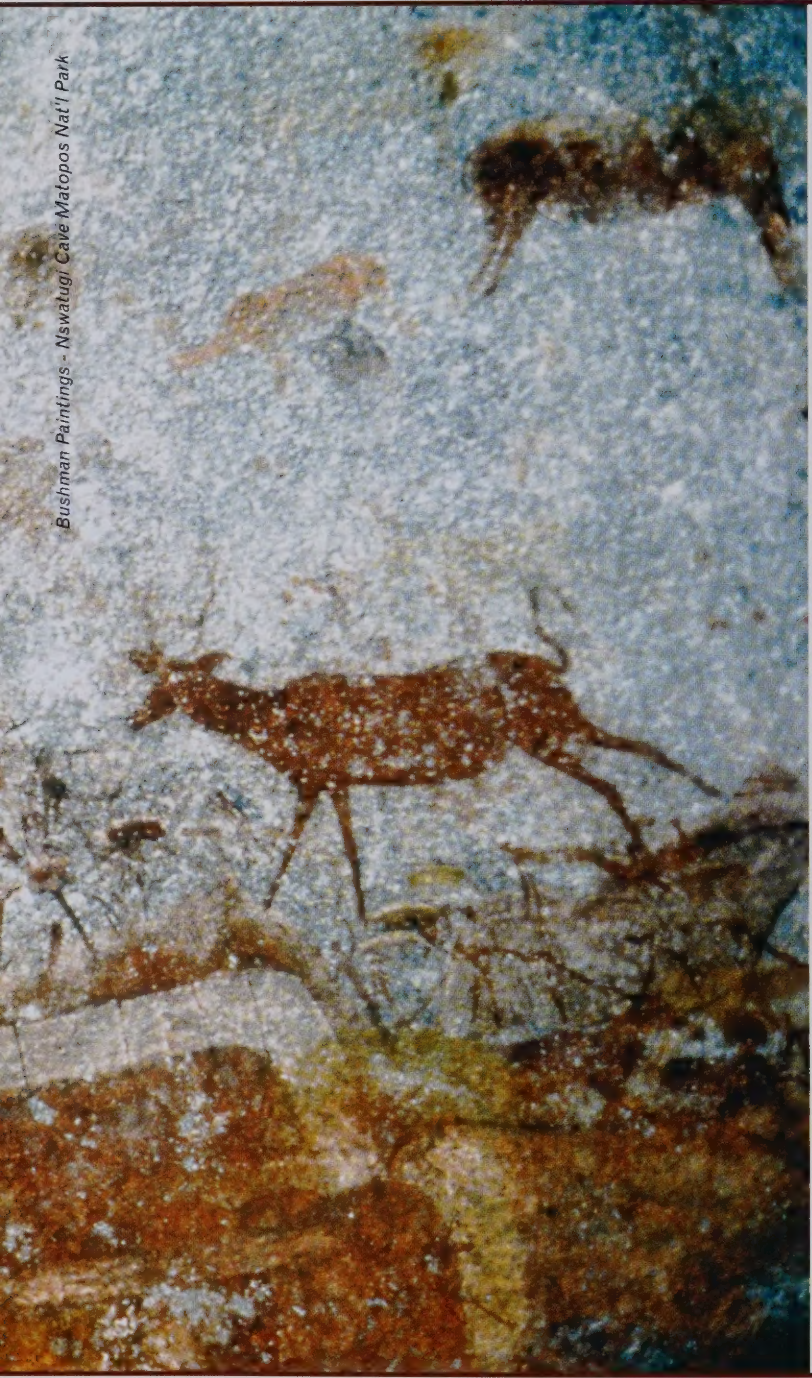
ASTRAEA ARISE LYON MARTIN NCLR National Center for Lesbian Rights ATB AT THE BEACH



Sunset on Lake Kariba

# ZIMBABWE

Photos Courtesy of the Tourism Bureau of Zimbabwe



Bushman Paintings - Nswatugi Cave Matopos Nat'l Park

Zimbabwe is unique. Where else in the world can a visitor gaze upon hundreds of species of tropical wildlife, thrill to the experience of white water rafting, scale chilly mountains peaks and savour the history of a people that goes back ten of thousands of years? Yet these pleasures are but a few of those waiting to be discovered by the traveler who plans to visit this gem in the heart of Africa.

Zimbabwe is blessed with such spectacular variety and beauty that it could occupy the holidays of any visitor for a lifetime. To begin with, the Victoria Falls are legendary – a ferocious curtain of water seventeen hundred meters wide that plunges deep into the gorge of the Zambezi below. Downstream is Lake Kariba, a huge inland sea adorned with submarine forests, open skies and spectacular sunsets. To the east are the Highlands, fine walking and fishing country, so cool that at certain times of the year; the grass in the morning can be trimmed with frost.

Sprinkled from one end of the country to the other is the wildlife, so staggering in its profusion that it makes any safari through the game parks a voyage of discovery. Then there are the ruins of past civilizations, massive stone constructions of a culture whose roots are lost in the distant past. On top of all this, Zimbabwe enjoys some of the cleanest and most spacious cities in the whole of Africa, offering hotels and restaurants of a truly international standard.

Yet, the country has not been spoiled by mass tourism. Zimbabwe remains a quiet and spacious haven for the discerning visitor who wants an experience of the best that Africa can offer.

## HARARE: THE NATIONS CAPITAL

Few Africans capitals make such a deep impression on the visitor as Harare. On the drive from the airport, the city appears on the horizon almost like a mirage, a string of gleaming high rise blocks flashing in tantalizing glimpses between the jacaranda trees.

Harare is a pearl among African cities; an ordered haven of smart

Victoria Falls

shops, hotels and office punctuated by spacious boulevards and manicured parks. In its older quarters verandas overhang the pavements support by wrought iron pillars belonging to a bygone age. But an even deeper impression is made by the city's modern architecture. The clean, glassy lines of the new building demonstrate a culture, which belongs firmly in the late twentieth century.

Harare is a place for shoppers. Local craft centers abound, offering artifacts, which portray the roots of many cultures.

After dark, the city is alive, with the sounds of trumpets, guitars, and drums. Bars, hotels, and nightclubs are sources of every conceivable musical offering. The talent and enthusiasm of the performers cannot fail to impress the visitor, especially one who is enjoying his first experience of African music.

The National Art gallery is famous for the role it has played in the promotion of Shona sculpture, a vibrant art form that makes full use of the country's spectacular geological inheritance. As a school of art its origins date back no further than the 1950's, but this has been time enough for several sculptors to gain a global reputation. The work of Sylvester Mubayi, Henry Munyaradzi, the later Joseph Ndandarika, and several others fetches huge sums on the international market. In the wake of these men are literally thousands whose work is to be found in the curio shops and market places.

The quality of hotel accommodations in Harare is very high. Many of the city's more noted establishments boast a choice of restaurants, offering both local dishes and international fare. However, they are served, Zimbabwean steaks rank among the best in the world.

Sport is a national obsession in Zimbabwe, and this reflected in the facilities available in the country's major cities. Football (Soccer) is regarded as the country's most revered sport, capable of pulling crowds of sixty thousand strong. Cricket, rugby, horse racing and polo are also very popular.

For those interested in slightly more sedate activities, there are also excellent facilities for bowls and golf; every town has at least one major golf course, and there are over a dozen in Harare district alone.

From Victoria Falls to Hwange National Park, Zimbabwe is a vacation paradise. To learn more about Zimbabwe visit the Zimbabwe Tourism Bureau online at www.zimbabwetourism.co.zw.

*Victoria Falls Hotel | Native Dancers*

illustration by Nuwāvo for Arise Communications

## TRADITIONS & CULTURES

# *When Santa doesn't visit:*

## A LOOK AT DECEMBER DIVERSITY

BY D. KEVIN MCNEIR

What is the most important holiday in America? In these days of increased patriotism, one might respond, "Independence Day" while others, particularly children, may be inclined to say Christmas.

But given the increased browning of America, as reflected in the latest census reports, one's response clearly depends on an individual's race, religion and family customs. And despite the bombardment of commercials and advertisements that have been flashing across our television screens and in print since early November-implying that everyone is counting the days 'til December 25th-not every family in America's villages observes Christmas.

So what are the alternatives? For those who are Jewish, their response is Hanukkah. But what about Kwanzaa or Ramadan? In my adopted home of Chicago and throughout the U.S., more and more families consider these celebrations to be significant dates-leading us to ask what are these observances all about, anyway?

### The Kwanzaa connection

Unlike Christmas or Hanukkah, Kwanzaa is not a religious holiday. What began as a cultural idea by Dr. Maulana "Ron" Karenga in 1966, has evolved into a nationally celebrated, non-religious, non-heroic, non-political African-American harvest-oriented holidays. Perhaps the most important aspect of Kwanzaa is the attempt to rediscover the cultural roots and unique heritage of African-Americans.

Al Gilliam, an African-American, eighth-grade history teacher at Julian Jr. High School in Oak Park near Chicago-has been observing Kwanzaa for about 27 years-way before it became the "in thing" to do.

"Even before our children were born, my wife and I were beginning to have some reservations about the whole Christmas thing," he said. "It had become too commercial, and as I began to do my research, I discovered that Christmas actually became popular in America after the Civil War when merchants began to support it in order to boost retail sales. For my family, I needed something more relevant-Kwanzaa was the perfect solution."

However, as more families have chosen to observe Kwanzaa in lieu of other more "traditional" holidays, it too, has become fodder for marketing firms and merchants-it has become commercialized.

"I'm not sure that's necessarily a bad thing-at least not yet," Gilliam said. "Now you can go into a place like Walgreen's and purchase a Kwanzaa card. Years ago, you'd only find Kwanzaa items in a Black specialty shop. And you even see the seven principles [The Nguzo Saba] being discussed on television or highlighted in commercials. It's really grown by leaps and bounds-even some Africans celebrate with us."

Nzingha Ama Nommo, owner of Afri-Ware, a local Black specialty store, first held a Kwanzaa celebration in her store six years ago because "it seemed an excellent way to educate and empower African-American people." Now, her gathering has grown from a one-night observance to seven nights and the crowd has grown so much that she has troubles fitting everyone into the store.

"What's so great about Kwanzaa is the principles are timeless, so while the way they are expressed may change, they are still the same," Nommo said. "We light the candle and pour the libations [to honor the ancestors] and talk in general about the principle for that day. But then we work to apply it to what's happening today."

### A Kwanzaa "primer"

Like other holidays Kwanzaa has its symbols. These symbols are instructive and inspirational objects that represent and reinforce desirable principles, concepts and practices. There are seven basic symbols and two optional symbols that are both traditional and modern items and therefore reflect traditional, as well as modern concepts which evolved out of the life and struggle of African-American people.

The seven basic symbols of Kwanzaa are: Mazao (fruit and vegetables), Mkeka (place mat), Kinara (the candle holder for seven candles: one black, three red and three green), MUHINDI (ears of corn reflective of the number of children in the home), ZAWADI (gifts), KIKOMBE CHA UMOJA (communal unity cup) and MSHUMAA (the seven candles). The BENDERA YA TAIFA (that national flag or standard) and the NGUZO SABA (seven principles are optional, or supplementary symbols).

Even those who do not celebrate Kwanzaa have heard about the seven principles-each one recognized during the seven days of Kwanzaa-Umoja (unity), Kujichagulia (self-determination), Ujima (collective work and responsibility), Ujamaa (cooperative economics), Nia (purpose), Kuumba (creativity) and Imani (Faith).

### New respect for Ramadan

Ramadan is often mistaken for a "December" holiday, but in the fact the 30-day celebration changes, moving backwards in the lunar-based Muslim calendar. And given the backlash experienced after the Sept.11 tragedy, many Muslims say they are finding it essential to work on formulating a more unified front. Two students from a Chicago-based college, Dominican University, actually founded a Muslim support for other students-the Muslim Students Association-two years ago.

"We founded the organization to create awareness and add to our school's religious diversity," said Aneesa Farooq, a recent graduate of the college. "The school was open to the idea, which really started because our Muslim students were scattered about in different programs-but we had similar difficulties like finding prayer room facilities."

Manal El-Hrisse, the other co-founder, has also graduated from the university and leaves in nearby Cicero. She said that one word that must be used with care is "tradition."

"For me, being a Muslim, living out my faith and following certain practices is more than just 'tradition,'" she said. "Traditions are something we can either do with ease or easily discard. But to be Muslim-that is a way of life for us."

El-Hrisse always wears her khimar (scarf) in public. It's one of the things that make her and her female Muslim friends stand out.

But standing out isn't always the best thing, especially when some Americans are looking for someone-anyone-to blame since the attacks on New York City and Washington, D.C. one year ago.

"The Sept. 11 tragedy actually created a sense of unity among many Muslims," said Laura Kirkpatrick-Dib, who converted to the Muslim faith after marrying her husband Bashir. "And the Muslim community is highly diverse. We have Arabs, Pakistani, Euro-Americans, North Africans, African-Americans-just about everyone you could imagine. And if we came together, instead of worshipping in often racially separated groups, we could do so much more-which is the whole concept of Islam anyway."

Kirkpatrick-Dib believes there is still a lot of misunderstanding and lack of trust when it comes to the Muslim community. But she adds many of her neighbors-Muslim and non-Muslim alike-attended the Eid celebration at her home last year-a big gathering marking the end of Ramadan. But still she says she sometimes feels like an enemy in her own country.

And while the U.S. Postal System has added a new stamp-the Eid, recognizing the dinner that is held at the end of Ramadan, one of the ironies remains, many Muslims complain they can't seem to find the stamp at their local post offices.

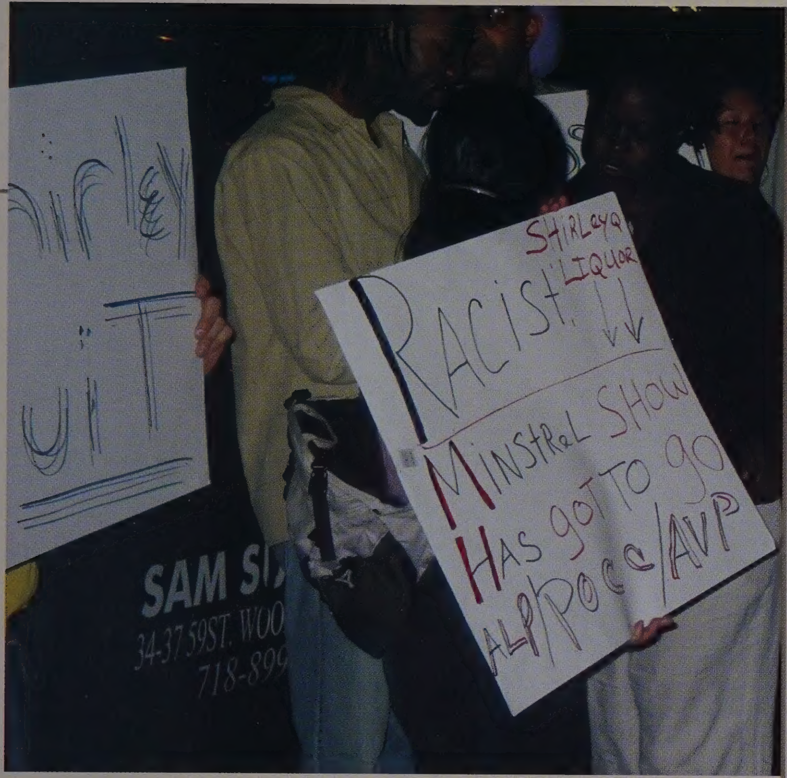
"Every Christmas and Hanukkah it's the same thing," Farooq said. "I feel very isolated and wish people knew as much about my faith as I do about theirs. Maybe one day, they will."

### Explaining the tradition of Ramadan

Ramadan is a month of spiritual consciousness and high sense of social responsibility. According to Muslim belief, the fulfillment of one's obligations during the month is rewarded by 70 times. Unlike common calendar, which is solar-based, Islamic calendar is lunar-based. But that does not mean that Muslims worship the moon. It is simply another way to count days of the month and the year. Like all Islamic months, Ramadan, the ninth lunar month, begins after sighting crescent and not the birth of the new moon.

All healthy Muslim adults including homemakers, school-going children around the age of 13, factory workers, businessmen and others among them will be fasting. From first light until sundown, all Muslims, except those who are pregnant, nursing, sick or elderly and may be permitted to break their fast and make up an equal number of days later in the year, abstain from food drink and sexual relations. Fasting is one of the five pillars of Islam including Announcement of Faith, Salaat (praying five times-a-day), Zakaat (the right of the poor on the wealth of the financially able) and Hajj (once-a-lifetime pilgrimage to Kaaba). And while the fast is most beneficial to the health, it is regarded principally as a method of self-purification. By cutting oneself off from worldly comforts, even for a short time, a fasting person gains true sympathy with those who go hungry while also growing in one's spiritual life.

In addition, avoiding immoral behavior and anger and showing compassion is part of the requirement of the fasting. "Muslims are required to give 2.5 percent of their wealth each year to charity and the majority of people give it during Ramadan," said Kirkpatrick-Dib. "And contrary to what some may say, we are not giving with the intent to support suicide bombers. But we do believe if the children of the bombers are hungry, they should be fed. Is that wrong?" An estimated 5 billion Muslims worldwide celebrate their holiest month of Ramadan every year.



# SHIRLEY Q. LIQUOR: Racism or Just Plain Fun?

## By Loren R. Javier

While difficult to trace back, the first popular minstrel show to appear in the United States is said to be in 1843 in New York City. Four white men from Virginia, known as the "Virginia Minstrels," performed in song-and-dance in blackface, stereotypically mimicking black people. The show was such a hit that they were invited to play other cities. After that, the minstrel show became a wildly popular form of live entertainment and remained popular and acceptable, in some form or another, until the Civil Rights Movement in the 1960s when groups such as the NAACP decried these performances as blatantly racist.

The white entertainers who performed in blackface defended themselves, saying that these were "loving" portrayals. But, outside of the obvious insult of "blacking" one's skin for humor, these shows perpetuated offensive stereotypes of African Americans being slow, lazy and ignorant.

So, it is difficult to believe that in New York City in 2002, a white gay comedian named Charles Knipp would bring a revival minstrel show. This time, the minstrel is in the form of a character called Shirley Q. Liquor, portrayed in blackface and drag. Upon hearing of his upcoming show at the View Bar, several lesbian, gay, bisexual and transgender people of color activists and organizations launched a protest to bring light to the show's not only racist overtones, but for its misogyny and classism as well.

In response to the protests, Knipp has said, "To be honest, people of colour who have seen my shows live or heard my CD's overwhelmingly tell me how much they enjoyed my accurate portrayal of a certain genre of the gritty, witty Southern women that they fondly remember, no matter what her race."

What's interesting is that on the e-mail lists and message boards, several people of color have corroborated his assertion. A debate has raged over whether Knipp's show is racist or just plain fun. Even RuPaul jumped into the fray. In an article entitled "The Shirley Q. Conflama" posted to his Web site (http://www.rupaul.com), RuPaul says, "when

MISSISSIPPI
BURNING

CHUCK KNIPP performs as SHIRLEY Q, it's very clear to me that he is paying a loving homage to the southern black women that he obviously grew up around."

This may be Knipp's intention, but does it make it any less offensive to any other African American? As a white man, Knipp has privilege that he takes for granted. He has probably not experienced the type of discrimination that the women he is mimicking have felt. More so, if one looks at his Web site (http://www.shirleyqliquor.com) and listens to the audio clips or watches the animated film, one wonders how such a one-dimensional character could be viewed as "loving."

For years, GLAAD has advocated for fair, accurate and inclusive representation in the media because we believe the media should represent us more than just stereotypes. Can stereotypes be funny? Sure. Can stereotypes be painful and offensive to people? Sure,

The reality is that the perpetuation of demeaning stereotypes creates a climate where people feel license to value some groups and individuals more than others.

Unfortunately, the lesbian, gay, bisexual and transgender community is not immune to racism, misogyny and classism. It still very much exists. Performances such as Knipp's only serve to perpetuate these forms of discrimination.

So, it is no wonder that people of color groups in New York are protesting the unfair images that Knipp's show brings. They have begun to mobilize a national response by contacting groups in cities where Knipp has upcoming shows.

The best thing we can hope for is that this won't just spark controversy, but will bring meaningful dialogue around such important issues.

SHIRLEY Q's A RACIST ?
& WRITERS

- ORGANIZATIONAL DEVELOPMENT
- PROBLEM-SOLVING
- TEAM BUILDING
- ALTERNATIVE DISPUTE RESOLUTION
- PERSONAL EMPOWERMENT

*"Experiencing those profound moments with you'.*

KHPRA

CONSULTING & TRAINING SERVICES

*Hameed S. Williams,*
*Founder/President*

(917) 482-5262

www.profoundmoments.com

# COURAGE TO LOVE INSTITUTE:
# *Zwazzi Sowo and Naomi Prochovnick*

### By Akilah Monifa

Who are your role models for relationships? Do you know how to be in a relationship? How do you learn? How many folks do you know that are in long term relationships? Wouldn't it be good if you could take a class, or have lessons in relationships?

Courage To Love Institute was designed with one purpose in mind: To let you identify and change your limiting beliefs and create your dream relationship. The tag line on the brochure is to "achieve and exceed relationship dreams." The two main questions the brochure also poses are:

1. Would you like to have more pleasure and passion in your relationship?
2. How would your life be different if you were to achieve and exceed your relationship hopes and dreams?

The first question is of course a no-brainer, but the second was at first unfathomable to me.

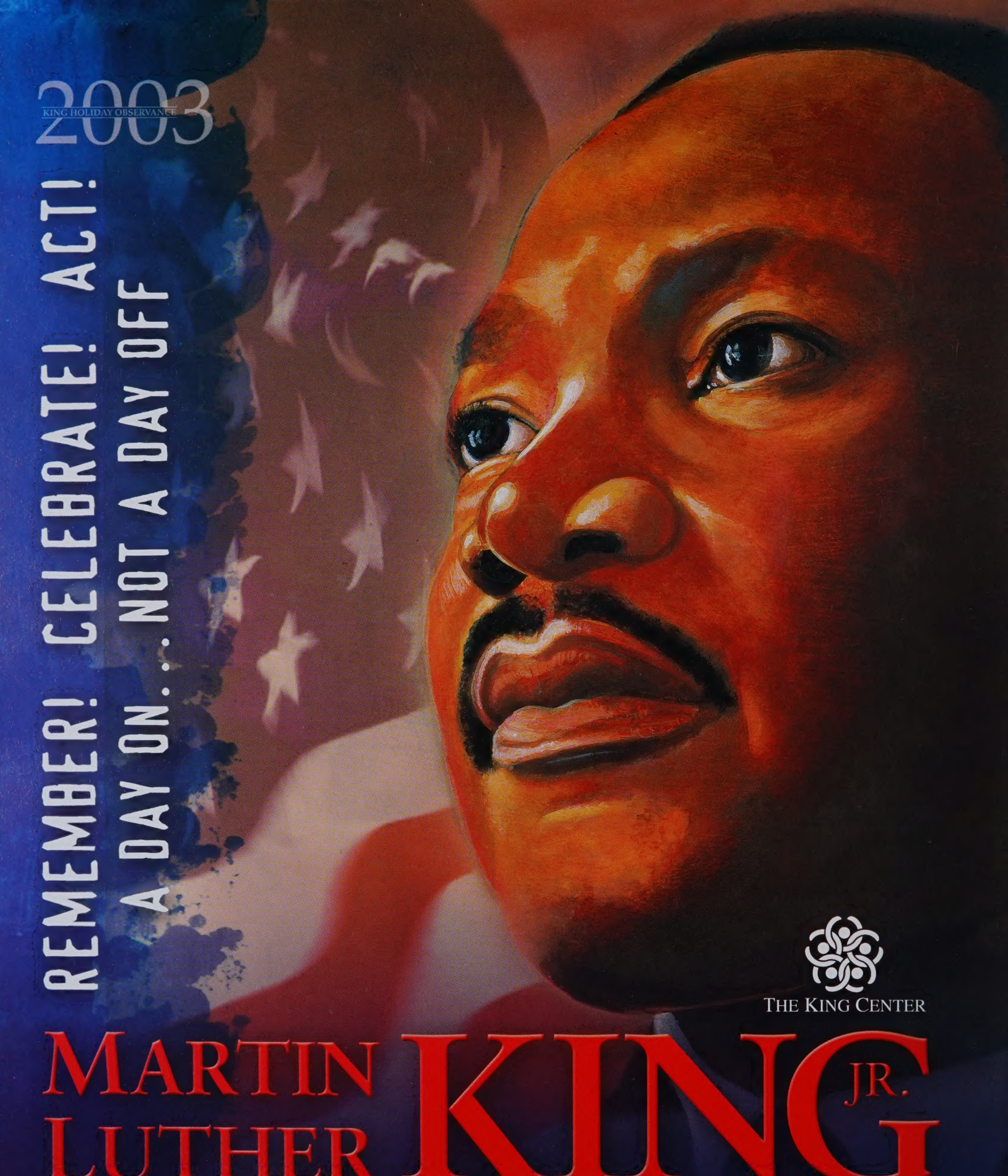
But Zwazzi Sowo and Naomi Prochovnick (an African American and Jewish couple), workshop leaders for the Courage To Love Institute and also a couple for 13 years actually gave thought about their relationship from the early onset and studied and researched relationships. There was of course a change in their relationship as a couple, but also changes in their lives as separate individuals.

They discovered early on "...that looking at opening up our relationship was a way to avoid intimacy with each other and to dilute the commitment to each other and our marriage, while upping the "drama" factor. For us, being in a monogamous relationship has been one of the important aspects which has allowed us to reach levels of intimacy and trust with each other that neither of us had ever experienced with anyone else."

Zwazzi and Naomi have been doing relationship workshops for nine years. They will offer four, two-day workshops in 2003 and 12 two-hour introductory seminars.

They are open to any one who is considering a relationship. According to the couple it is never too early nor too late to consider a relationship workshop.

2003
KING HOLIDAY OBSERVANCE



REMEMBER! CELEBRATE! ACT!
A DAY ON. . . NOT A DAY OFF

THE KING CENTER

# MARTIN LUTHER KING JR.

JANUARY 20, 2003 FOR MORE INFORMATION CALL 404-526-8900 WWW.THEKINGCENTER.ORG

Ever feel like your organization/company breeds conflict and chaos? The more you think about it, the more you believe that managers and supervisors are hired just for their ability to create, maintain, or heighten conflict and chaos? Well, you are not alone.

Many employees experience significant levels of conflict and chaos. In fact, conflict and chaos are, in many working environments, necessary and essential elements that contribute to the development, production, and distribution of goods and services. Let's take a look at the culture of conflict and chaos and how it may have a different impact on each of us.

# THE CULTURE OF Conflict & Chaos

By Hameed S. Williams aka Heru Khuti

## CONFLICT

What is conflict?

I think of conflict as a situation in which two or more things in a relationship can no longer remain as they are and co-exist without creating tension within their environment. For example, you want a raise and your supervisor doesn't feel you deserve one. That's a conflict. Your desire for a raise and your supervisor's opinion of the raise's merit can't co-exist, remaining unchanged without creating tension in the work environment. Something's gotta give. Conflict has gotten a bad rep in the West even though Westerners are famous for creating conflict in hundreds of places around the world. Anglo-Saxon sensibilities demand "playing nice" even when you are stealing land, an election, or someone's culture to make a dollar.

The motto here is "Conflict with a smile." People of color tend to have a higher tolerance for more outward expressions of conflict. Although we may seek harmony, we don't shy away from expressing outwardly feelings of anger, hurt, rage, and sorrow during a conflict. What I'm saying here is that we all experience conflict but the way we experience it and how we express the fact that we are in conflict can be very different based upon individual and cultural differences.

There are tremendous benefits to conflict. Conflicts help us establish boundaries, re-think the positions and beliefs we hold, and re-evaluate the worth of our relationships. In order to maximize our opportunities to benefit from conflict, we need to develop organizational cultures that demonstrate respect and appreciation of the benefits of conflict through the creation and maintenance of "conflict-friendly" workplace processes and systems.

Look at your own organization. How are interpersonal conflicts between and among employees handled? What are the procedures for dealing with conflicts of ideas and vision? Here are a couple of suggestions as you look to developing processes that help you make better use of the conflicts within your work environment:

- Train as many members of your work environment in conflict resolution and mediation. The training can be great vehicles for assessing the kind of culture that your organization has around conflict and determining the various skills people bring to dealing with conflict in your environment. Although you may want to hire an outside source to conduct mediations on an as needed basis, you may want to explore the benefits of training specific members of the organization to mediate in those cases.

- Explore the concept of nurturing a "learning community" culture within your organization. Learning communities have several key characteristics among them are that people are encouraged to take risks, supported in making mistakes and learning from them, provided the means to share information and feedback openly but with care so that the organization grows in its collective knowledge. Good learning communities deal well with the tensions that come from conflict. Those tensions generate the energies that LCs use to do more, grow more, and develop new opportunities.

## CHAOS

Chaos equals complexity. It's a million different things going on at one time. Chaos is change. Many of us don't deal well with change and complexity. Chaos, though, can be another essential element of an organization. Chaos creates opportunities in areas where there weren't any prior. Some view chaos as an environment in which there are no rules.

My view is that chaos is an environment in which rules exist but those rules are so different from what we are used to that it wouldn't do us any good to spend time trying to learn the rules. We should instead spend our time experiencing the process and learning from that experience.

Different cultures approach chaos differently as well. Western culture, although, filled with elements of chaos, promotes the virtues of order over chaos. Non-western cultures tend to take a more balanced approach to the two states of being – order and chaos. The counsel that these cultures offer is to strike a balance between the two; both are necessary for the health of any organism including a person or an organization.

But attempting to make use of the energies of chaos can leave one exhausted, wounded, and bewildered.

Within your organization, where do you obverse the energies of chaos working at their highest levels? Are there certain routine processes that are completed very chaotically within your organization – budgets, annual reviews, purchasing, program design/product development, etc.? What is chaotic about these processes? How do various members of the organization deal with the chaos that is created? How do they experience it – what may appear chaotic to you may be very orderly for others? Here are a few ideas on working with chaos to achieve your vision:

- Open a dialogue within the organization about the role chaos plays in the work. Share perspectives on the value and definition of chaos. Assess what aspects of chaos you want to foster and eliminate.

- Practice chaos. There are a variety of simulations and group dynamics games that your working group can participate in to understand more clearly chaos and how it functions within your specific environment. Participating in these activities can help you find a place for chaos within your organizational planning and in the long-term your organizational culture.

**People of color tend to have a higher tolerance for more outward expressions of conflict.**

Conflict and chaos are like any other social resource – used wisely, they will reward you time and time again. Enjoy and Happy Kwanzaa!

This column is dedicated to discussion of work and career, leadership, supervision, and management, organization development, and institution building.

Please e-mail your questions or suggested themes to *heru@profoundmoments.com*

# BODIES *of* COLOR

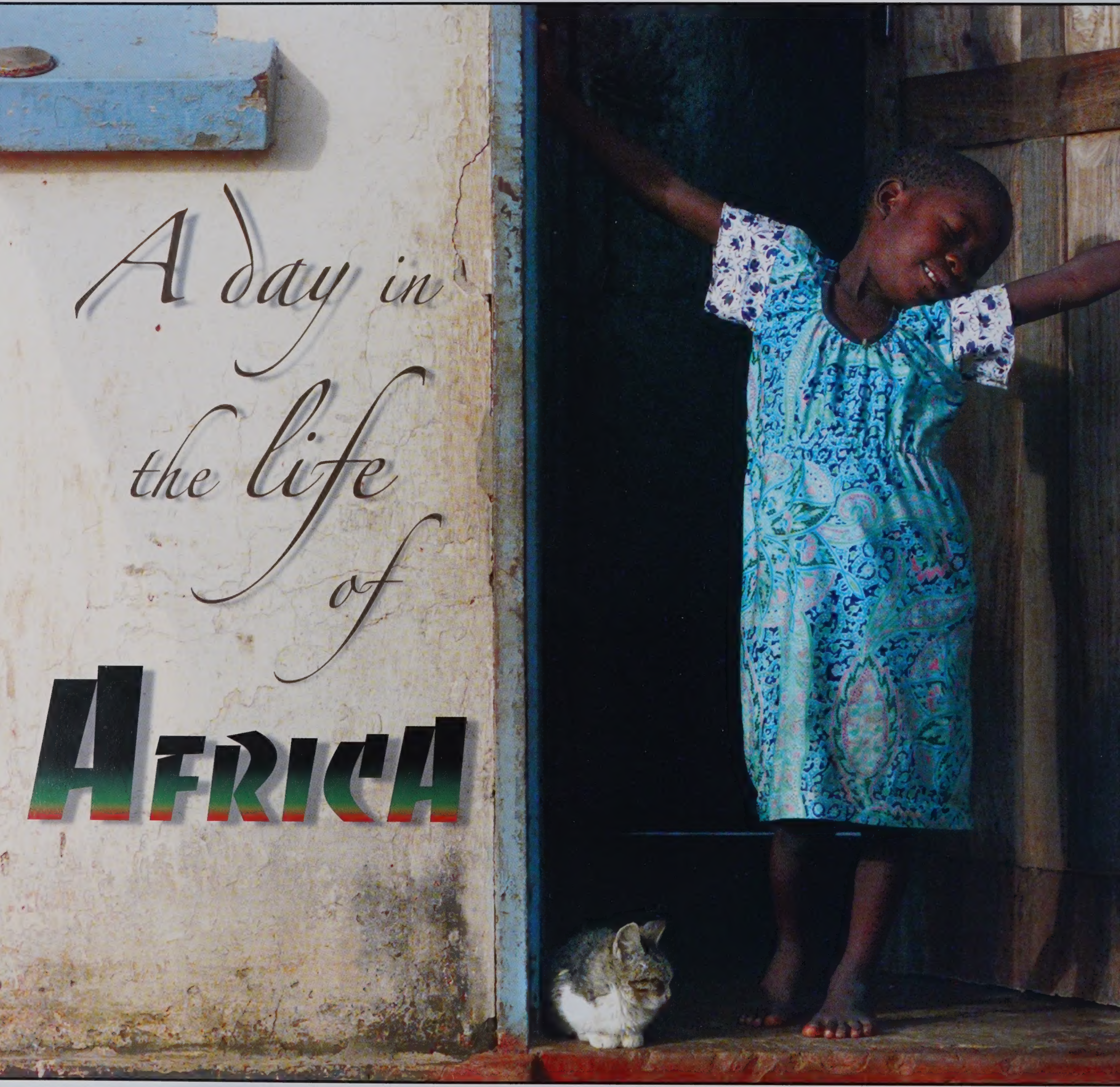
### Photographs and text by Robert Bengtson

When does a part become a whole?
When is beauty only skin deep?
When does color no longer matter?
When does it matter most?

In understanding that the beauty of the human form is often found in the sum of its parts, one may also find Beauty inherent to those very parts themselves.

And when black and white become only two more colors in the spectrum will we all truly be getting closer towards those things that ultimately matter most.

# A day in the life of AFRICA



Six-year old Kazungu Kautingu stretches in the kitchen doorway of her home in Kelongwa, Zambia. Kazungu's father, David, runs the Kelongwa Rural Health Center – a clinic equipped with a refrigerator for vaccines, a few cots, and some mattresses on the floor. Although not a trained physician, Kautingu provides medial care for 4,000 local residents. –Themba Hadebe in Zambia

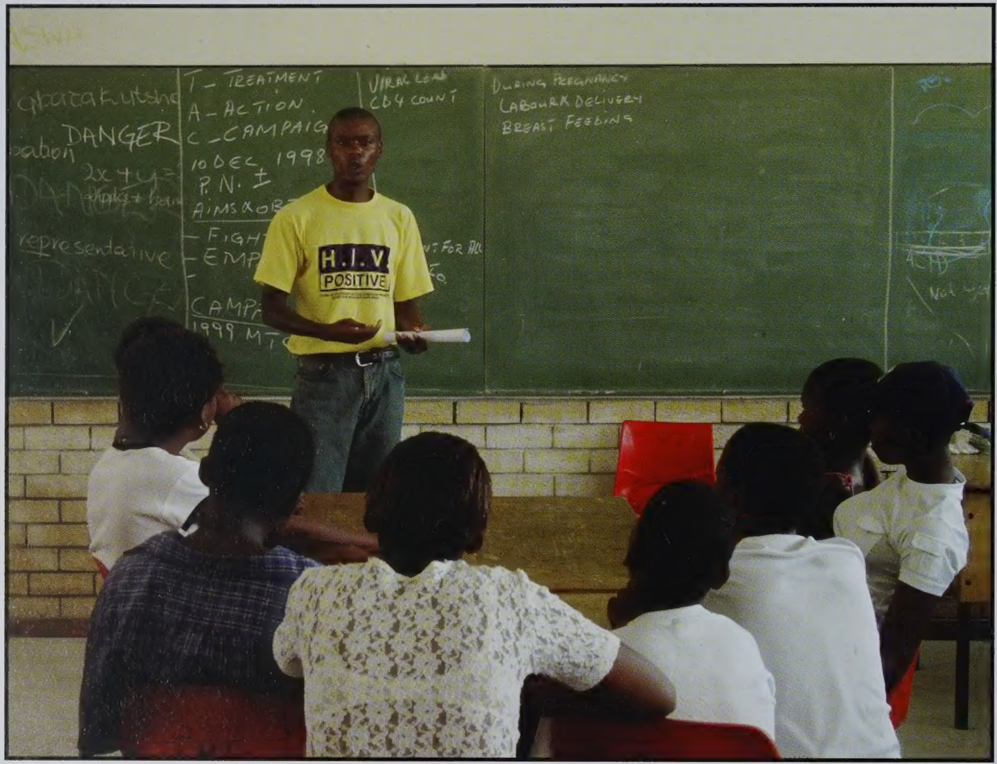
In one day the world can change radically. And it did. On February 28, 2002, 100 of the world's top photojournalist explored the outer reaches of the continent of Africa for a historic 24-hour photo shoot. They embraced a singular vision; to capture images that celebrate a vast, vibrant continent in transition. The diverse team of photographers from 26 countries included more than 1 dozen Pulitzer Prize and World Press Photo winners and more than 20 African and African-American photographers. A DAY IN THE LIFE OF AFRICA is the first book in the celebrated "Day In The Life" series that utilize digital photography. Every photographer on the shoot was equipped with an Olympus digital camera.

While the unity, talent and art of this book are captivating in and of itself the most striking aim of this extraordinary effort is it's intent to raise vital resources for AIDS education programs in Africa. All publishing profits from this book will be used to fund such crucial programs.

As the publishers of ARISE Magazine, we encourage all readers to support this extraordinary effort by purchasing several editions of this collector's item volume.

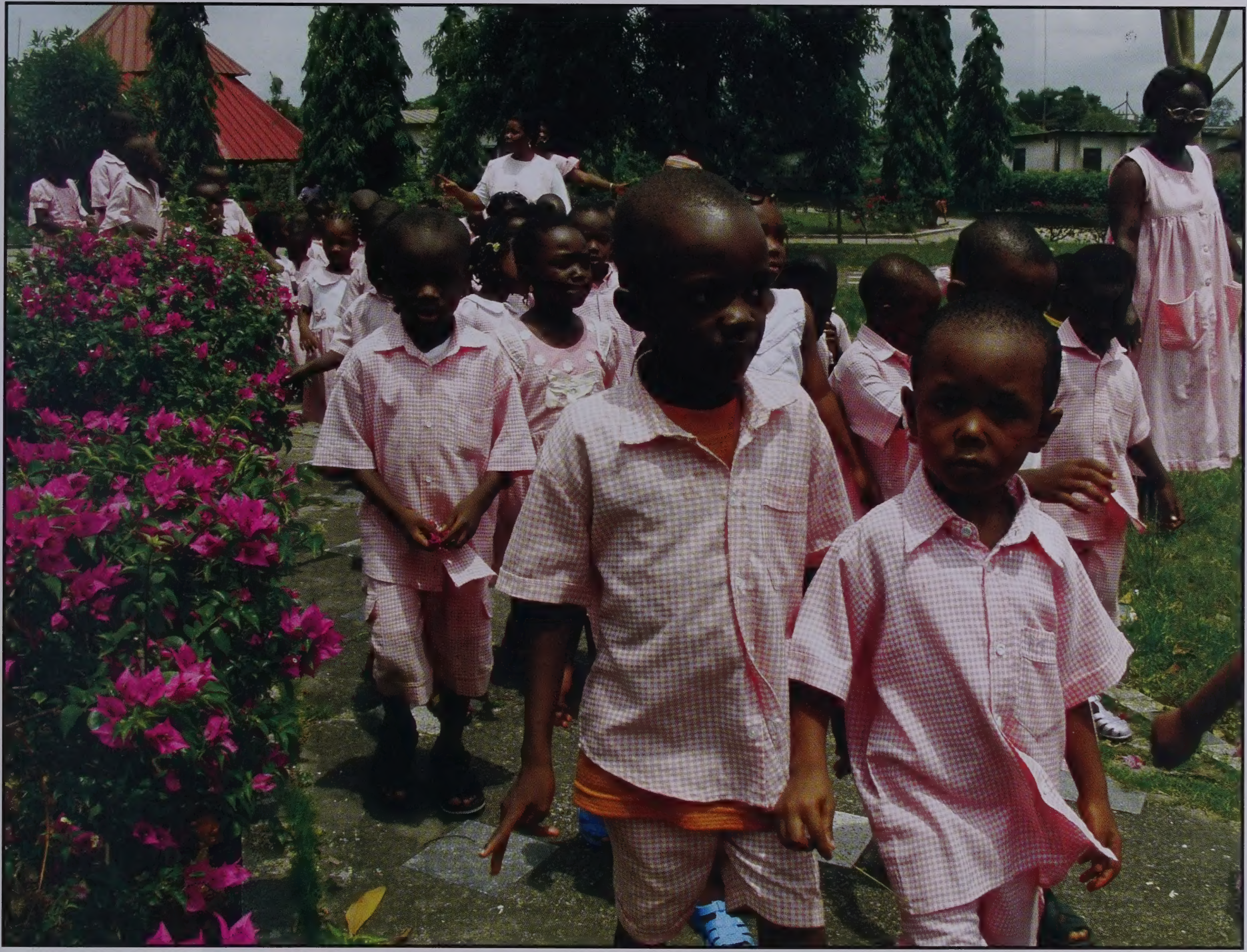
It should also be noted that in addition to the book of photography a CD compilation has been developed with famed African artists and talented new comers from around the continent including legendary Cesaria Evora and Khadja Nin (wait there's more). Fine arts photographic prints produced by Pictopia.com are also available and can be ordered on line at www.ditlafrica.com/prints. Finally, there is a DVD documentary entitled "A DAY IN THE LIFE OF AFRICA" combining footage, photos and music. For more information or to make donations on line visit their website at www.ditlafrica.com.

It is with distinct honor and great respect that ARISE Magazine presents the photography of some of the world's greatest photographers from the world's most amazing continent.

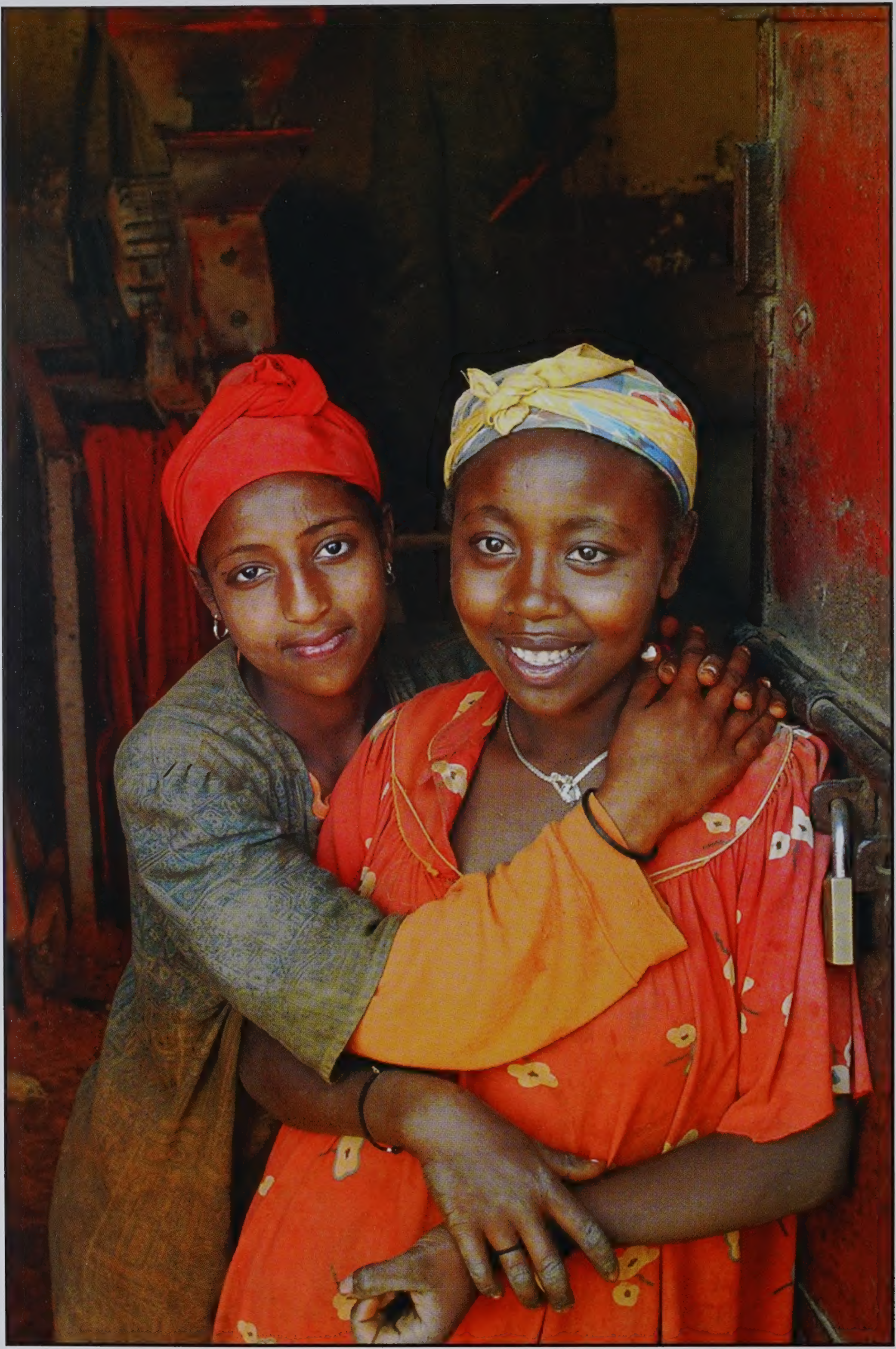

T - TREATMENT
A - ACTION
C - CAMPAIG
10 DEC 1998
DANGER
representative
VIRAL LOAD
CD4 COUNT
DURING PREGNANCY
LABOUR & DELIVERY
BREAST FEEDING
H.I.V.
POSITIVE

In Cape Town suburb, Bonile Peter trains volunteers for the Treatment Action advocacy organization. The group works toward affordable treatment for all South Africans living with HIV/AIDS. According to the government health department, by turn of the millennium, 4.7 million South Africans – one in every nine – were infected with the virus, more than any other nation on earth. – Gideon Mendel in South Africa

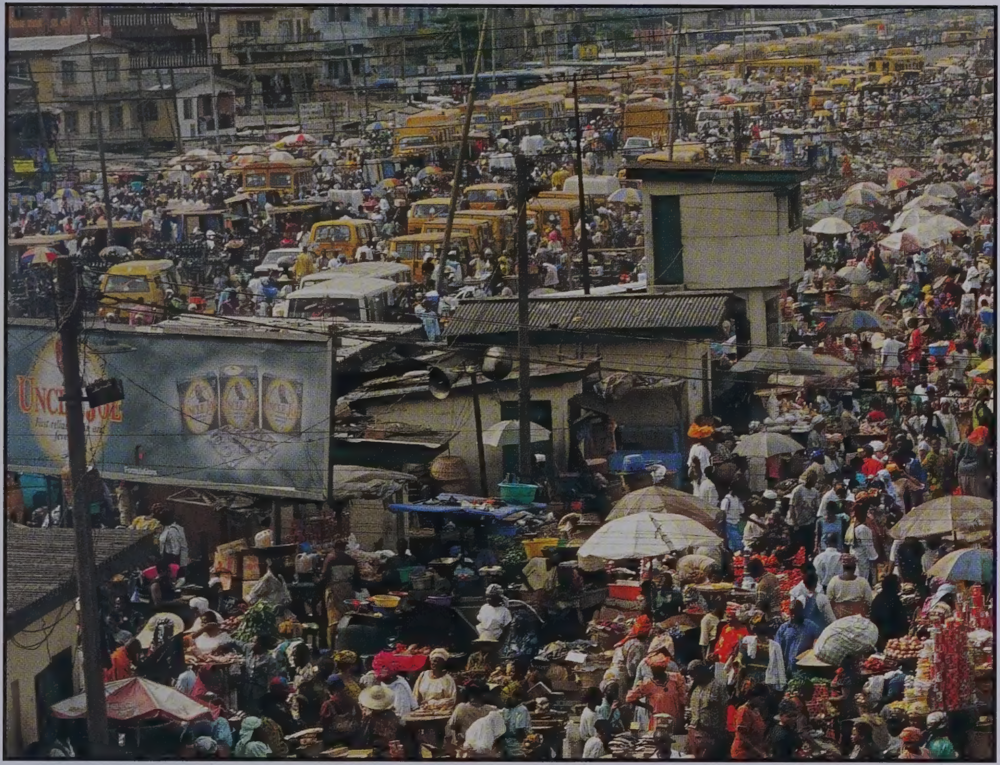
In Mali's ancient city of Djénné, a woman plaits her 19-year old neighbor's hair – Jeffrey Aaronson in Mali



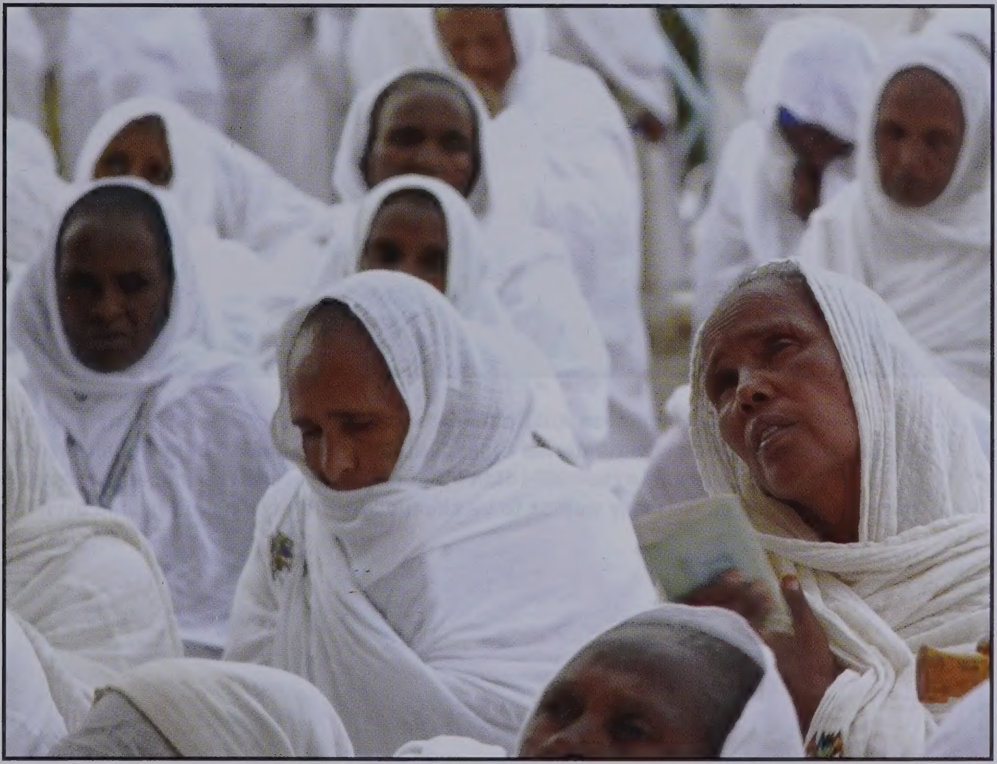
Youngsters head out for morning recess at an orphanage in SOS d'Abobo, in suburban Abidjan. – Lougue Issoufou Sanago in Côte d'Ivoire



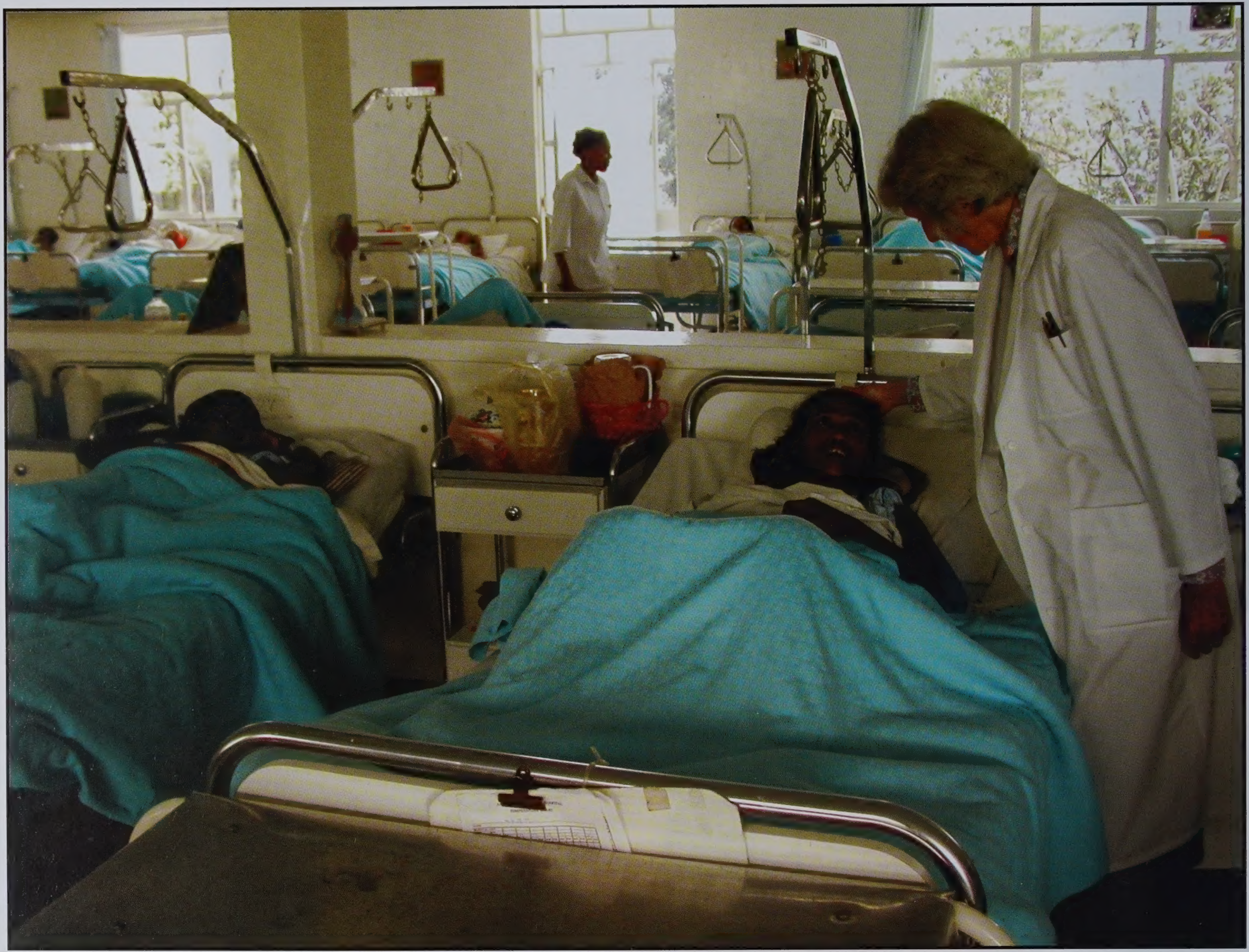
Two young workers break for a portrait – Peter Turnley in Eritrea



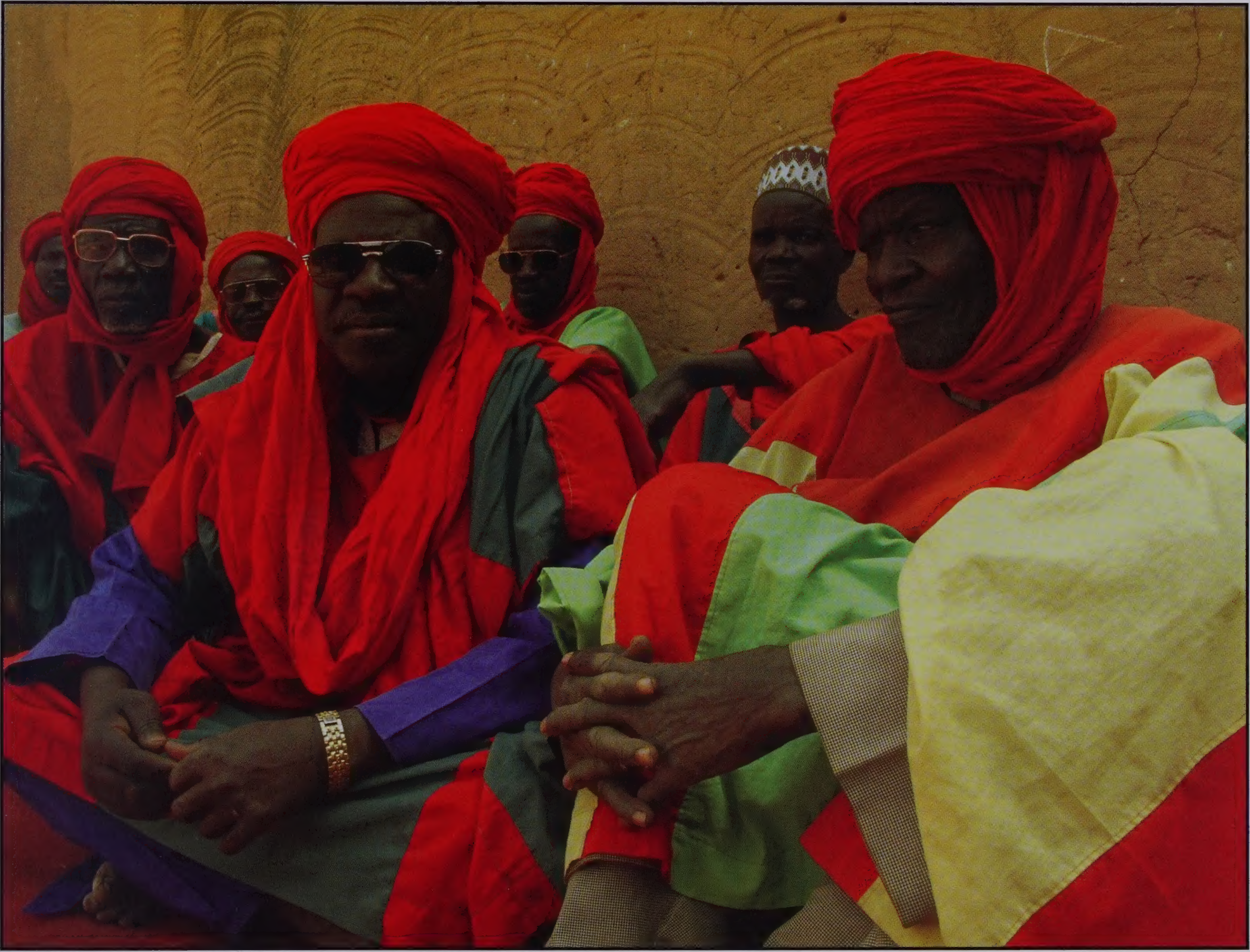
The massive Oshodi Market in Lagos, Nigeria, is a sea of buyers and sellers trading a vast variety of goods and services. Every day, up to 4 million people pass through the area, located at the congested crossroads of several bus and rail lines in the Nigerian capital, one of the most populated cities on earth. – James Marshall in Nigeria



Outside St. Mary's Cathedral, a Coptic Christian church in Asmara, women gather to celebrate St. Mary's Day. – Peter Turnley in Eritrea



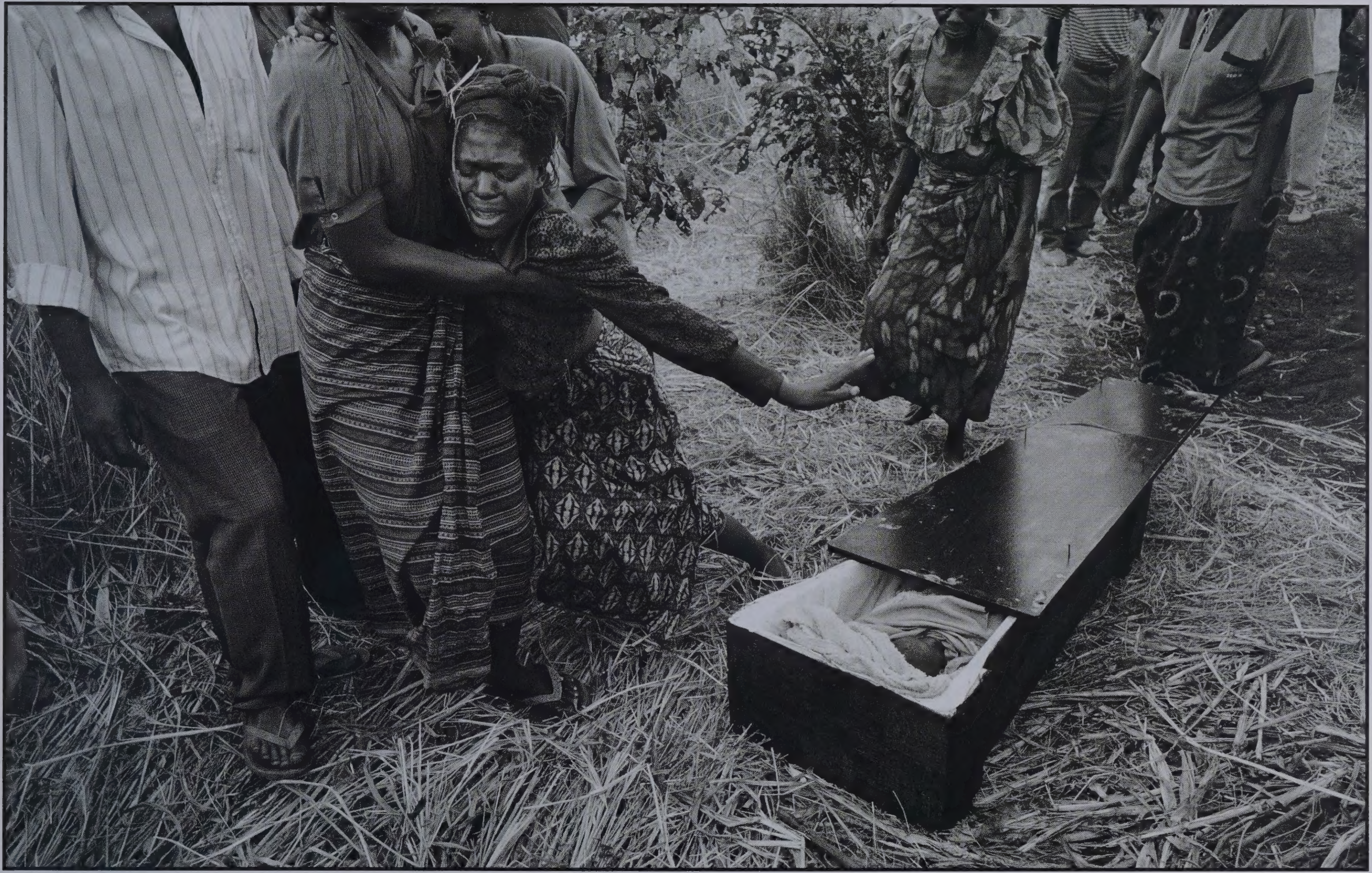
Catherine Hamlin, an Australian gynecologist, interviews a patient in Awas, Ethiopia. This hospital, founded by Dr. Hamlin, treats women with internal organs ruptured by childbirth. The condition, called fistula, can afflict women give birth without assistance. In the 1960s, Hamlin developed surgical techniques to repair these injuries, which can lead to incontinence and cause many women to be shunned by their communities and even their own husbands. - Tim Georgeson in Ethiopia



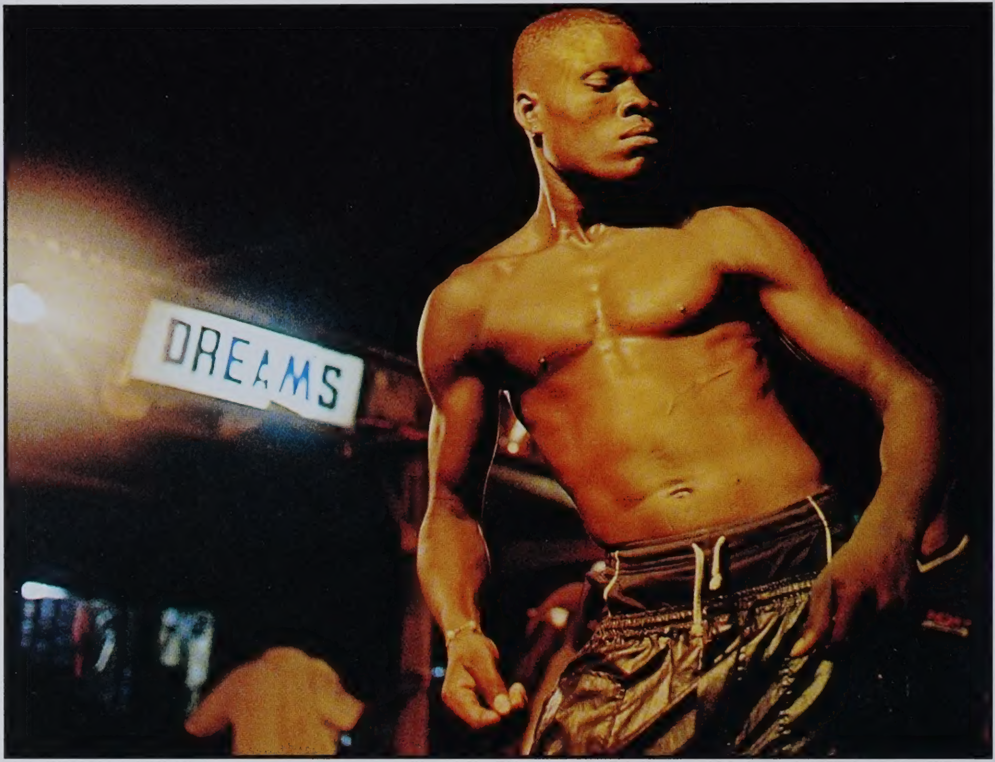
Red-turbaned dogari guards sit in the palace courtyard of the Sultan of Zinder as he receives tribute from his subjects. Sultan Elhadj Mamadou Moustapha, one of Niger's most powerful chiefs, was a policeman before he was named to the non-hereditary throne in 2001. – Lori Grinker in Niger

Sister Leonia Kornas comforts a frail patient on her morning rounds at the Mother of Mercy Hospice. Since she came to Zambia in 1992, Sister Leonia has provided hospice - and home-based care for hundred of dying AIDS patients in the villages around the capital, Lusaka.

Too weakened by AIDS to sit up or raise her head, 18-year old Josephine Mudenda is given her mourning bath by a hospice nurse.

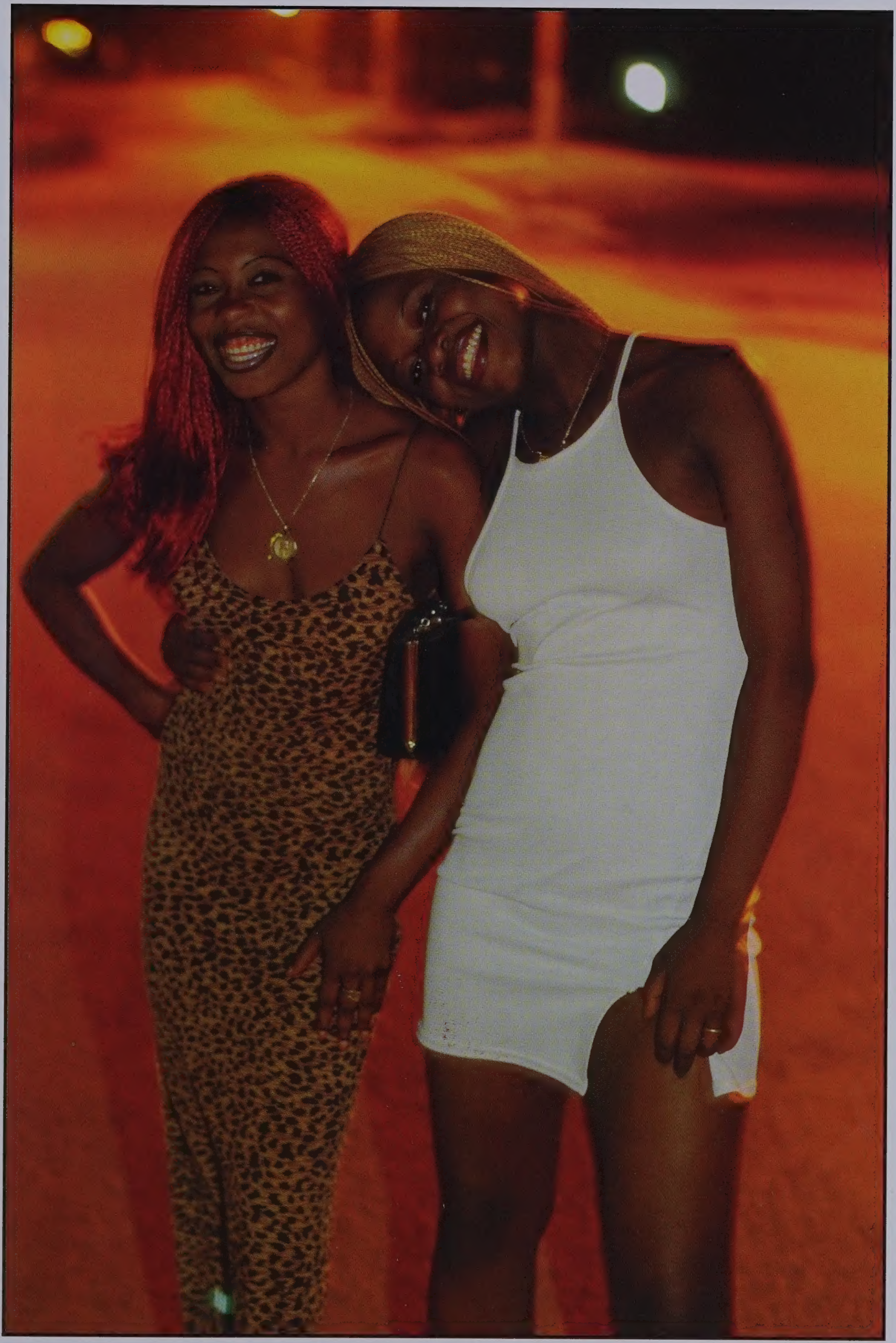


Relatives grieve by the open coffin of Beauty Makwete, a young child who died at Chilanga's Mother of Mercy Hospice. On average, the hospice loses four or five of its AIDS patients every day.

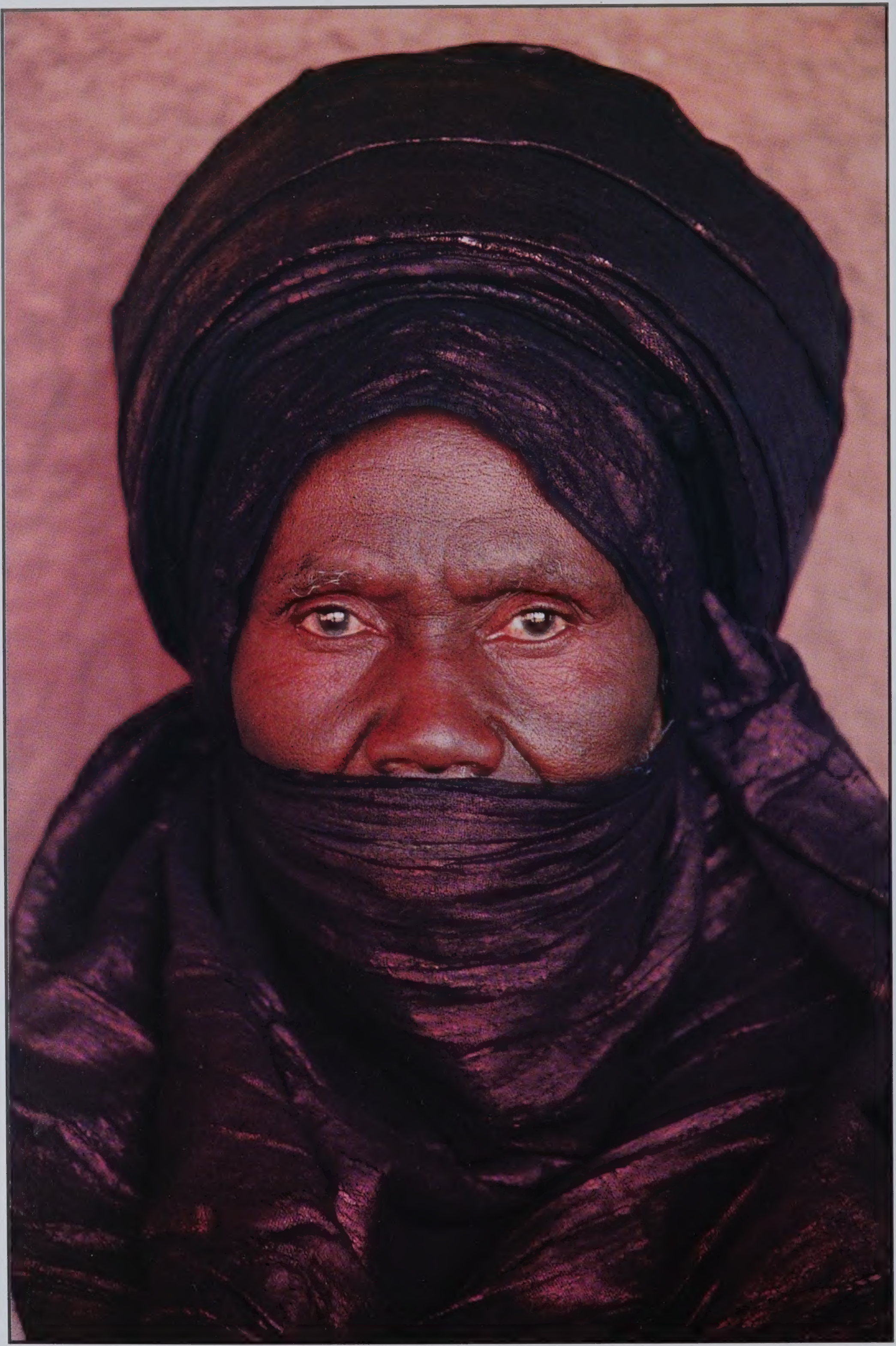


Steven An, 20, dances outside DREAMS, a hot spot on Lagos's Bar Beach. – Jodi Bieber in Nigeria

Using weights made from automobile parts, young Angolan lifters train in Kuito, a battered town rebuilding after decades of civil war. – Guy Tillim in Angola



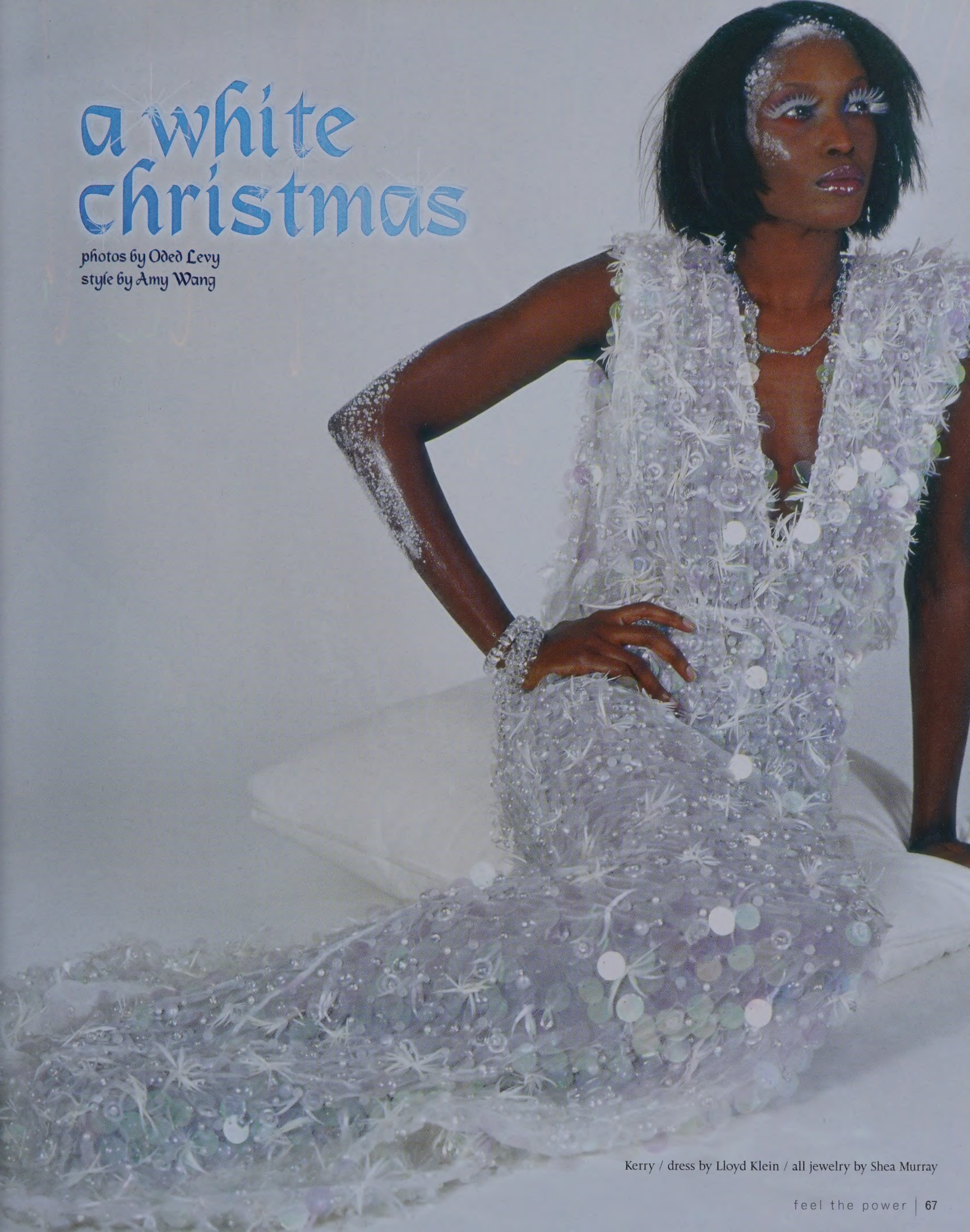
Warfare in neighboring Congo-DRC has fueled the cross-border sex trade in the Central African Republic's capital of Bangui – along with an HIV infection rate of a lest 14 percent. – Nick Kelsh in the Central African Republic



Draped in rich indigo cloth, the Sultan of Agadez, Ibrahim Oumarou, is dressed to welcome official visitors from the Danish Embassy. – Jean-Luc Manaud in Niger

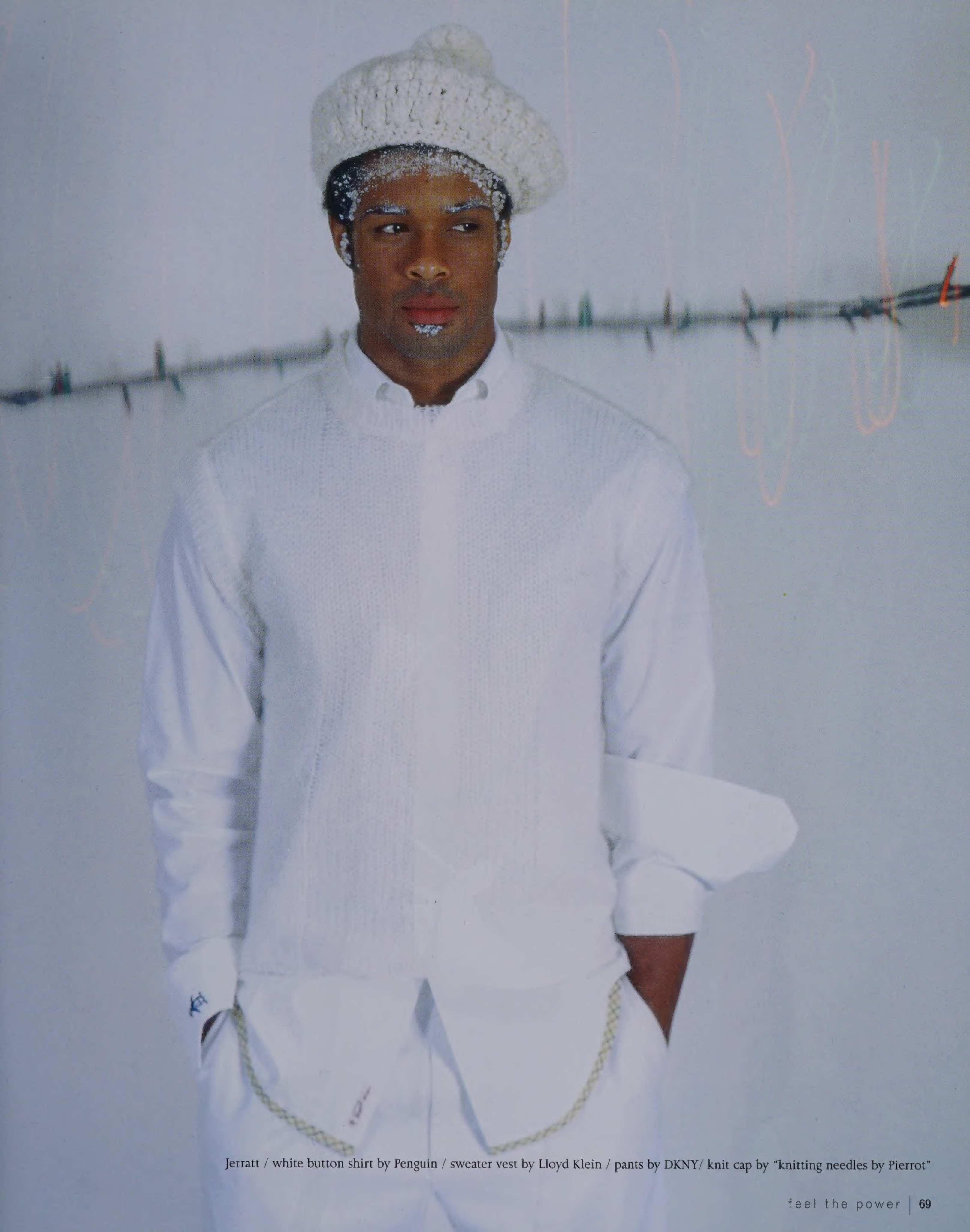
# a white christmas

photos by Oded Levy
style by Amy Wang



Kerry / dress by Lloyd Klein / all jewelry by Shea Murray

white stilettos by Manolo Blahnik



Jerratt / white button shirt by Penguin / sweater vest by Lloyd Klein / pants by DKNY/ knit cap by "knitting needles by Pierrot"

Jerratt / leather jacket by Kenneth Cole / white cuff by Pent

Jerratt / briefs by www.gosoftwear.com / sneakers by Yohji Yamamoto for Adidas

Kerry / hat by Louise Green, www.louisegreen.com / earrings are vintage / asymmetrical top by Alejandra Jackson / bracelet by Swarovski / veil, stylist's own / Style by Amy Wang @ Exclusive Artists Mgmt. www.exclusiveartistsmgmt.com / Make up & Hair by Jeffrey Paul @ Exclusive Artists Mgmt. Using Bobbi Brown cosmetics / Models: Jarrett, and Kerry from L.A. models / Photograher's info: Oded Levy 213 841 3932 Email: odedlevy2001@hotmail.com

# I won't let nothing take me from my journey now

### By Rodney Washington

*I have known that I have been living with an incurable disease since April 15, 1991.*
*It has been eleven long years and*
*I won't let nothing take me from my journey now.*

*I have known since I was 15 years old that my mother was raped and got pregnant*
*with me and decided to keep me.*
*I won't let nothing take me from my journey now.*

*I have known ever since I was 5 years old that I am attracted to men.*
*I won't let nothing take me from my journey now.*

*I have moved from state to state to be with a man thinking that I had finally met the*
*one and within a couple of years it was over and I was moving again.*
*I won't let nothing take from my journey now.*

*I have drank so much alcohol and smoked so much crack till I got caught up in it*
*and thought that I would die living that way.*
*I won't let nothing take me from my journey now.*

*I have lived in the projects and survived ghetto living, roaches and all,*
*I won't let nothing take me from my journey now.*

*I have done and said some things to people that are ungodly and have lived to tell*
*the tale about the harm I've caused.*
*I won't let nothing take me from my journey now.*

*I have gone to college and dropped out so many times and relived that anguish that*
*comes with always starting something but never finishing anything!*
*I won't let nothing take me from my journey now.*

*And when I was 13 years old my mother caught me in bed with my cousin (who*
*was 12) and beat me with an extension cord and told the whole family about the*
*incident, leaving me to bear the guilt and the shame at 13 years old!*
*I won't let nothing take me from my journey now.*

*I have had a family member who is a preacher man and a devout Christian refuse to*
*shake my hand because he was afraid he'd catch AIDS from me.*
*I won't let nothing take me from my journey now.*

*I mean it; I won't let nothing take me from my journey now!*

All of those experiences have taught me something and today I freely share those experiences with others because I have been delivered from them. My rebirth is an unlearning and relearning of values that will help me to continue to grow into the kind of person God wants me to be. The real drama isn't what happened to me. It's my walk away from God and my walk back to Him.

It has been nine years since I have used any mind or mood altering chemicals. My mother and I have discussed at length what happened to her and how she wanted to keep me because she needed someone to love. We've discussed how she was hurt and ashamed about my being attracted to men, and even tried to beat it out of me.

Today, we have a relationship that is based on love and respect and we communicate about everything. Once we stopped blaming and hating and being angry about what we couldn't control, we were able to have the God-given relationship that allows her to be my mother and for me to be her son.

It took awhile for me to stop looking for love in all the wrong places. In dark alleys, in bars, at Black Gay Pride events, oh yeah, on the Internet. The search was always long and hard and I would go through any length to meet a man. Once I surrendered to my sick fantasies and really looked at the situation realistically I had to admit that I would never find him and he would never find me because it wasn't God inspired.

What I mean by this is that I did all the looking and searching never once consulting God about it. Then I had the health thing to consider. I had no T-cell count and my viral load was over 230,000. So the question came to me one day.... which is more important your health or your pursuit for a man?

Thus began my walk back to God.

I was facing life or death. I was told my kidneys had failed and I had to go back on dialysis. I would get sick and land up in the hospital and as soon as I got better I would get right back to my old tricks again. I just couldn't get it in my head that I have AIDS

and that like cancer it kills you slowly. The last time I was in the hospital I decided that I would stop bargaining with God and I would start choosing the path He had already chosen for me.

Today, I can say with much humility that it took what it took for me to slow down and get right with God. I started investing my energies into things that would give me strength. I pray and let go of toxic relationships. I invest time with my family and friends. I participate in life and celebrate all that it has to offer.

I share my story with others no matter who they are cause you never know whose life you are meant to touch. I pray without ceasing. My life isn't about what happened to me...it's about how I am living today. It took a long time to get to this point and to finally want peace in my life and now that I'm here.

I won't take nothing for my journey now.

Clothing & Accessories

BE FEARLESS, choose love

TRADE SECRETS

www.thesecretsout.com

Holiday Ideas for the part of you that desires to give.

...and the part of you that needs to keep! Shhhh....

Collectables & Conversation

1515 U St, NW, Washington, DC
202.667.0634

# AIDS FACT:

In a recent study, three out of four young gay men with HIV did not know they were infected.

www.Prevent-HIV.com

**The fact is, AIDS is an increasing health threat to our community.**

Having unprotected sex or sharing needles can expose you to HIV. If you think you may have been exposed, consider getting an HIV test even if you do not look or feel sick.

Find out more about HIV/AIDS by calling 1-800-367-2437. Knowing the facts can help you live a longer and healthier life.

Loving RESPONSIBLY prevents HIV

1-800-367-AIDS

HIV TESTS ARE FREE & CONFIDENTIAL

Funded by the U.S. Centers for Disease Control and Prevention and the County of Los Angeles, Department of Health Services, Office of AIDS Programs and Policy

# weasels in the "chicken coop"

### by Sharyn Grayson

It was said recently that there has been a historical increase in the numbers of young (otherwise) gay-identified men, who are taking an interest in the arts of cross-dressing and drag. Many of these youngsters have been quoted as saying "they want to be women." As well, the numbers of young men from the ages of 18 to 24, found to be the "partners" or "significant others" of older gay men, has also increased significantly.

Someone should tell these kids the truth. Facts such as what they are really exposing themselves to — in many cases — are potentially lethal situations leading to abuse (mental and/or physical); rape; the possibility of catchin a sexually transmitted diseases including AIDS or even introductions to various drugs. And in the worst-case scenario: death.

Unfortunately, thousands of young gay people find themselves in these situations more frequently than what is seen in the media. There is an unimaginable number of older people out there who prey on the innocence and ignorance of youth. And even though they may not want to admit it, an 18-year-old is no match — either intellectually or physically — against an older, adult male predator whose sole purpose is to get a young victim into a compromising position.

The adult predator will know exactly what to say or do to gain the confidence of his unsuspecting prey. And, since "timing" is an important and critical tool, the skillful adult will also know when and how to make his moves. Any young person today, who has to deal with things such as raging hormones, peer pressure, the inability to talk realistically with parents or loved ones about their sexuality issues, as well as the other basic day-to-day challenges, is easily susceptible to this life-changing situation.

Back in the day, to "turn out" a "chicken" [defined: *a young gay male*] was considered an exciting event among some gay circles. Although the young males — "trade" — were considered the most treasured lot in these situations, many of them eventually evolved into transgenders. They may have begun as young, handsome and vibrant "cuties"— with girlfriends, the admiration and envy of their peers, etc.

But believe it or not, some became drag divas (and yes...drag kings), prostitutes, social deviates, and abusers themselves—only to have their transitions result in their becoming alienated and ostracized by their friends, families and loved ones, later in life. I remember almost getting into a fight with a gay guy, some years ago, just because he made — what I perceived to be — an inappropriate statement about one of my younger brothers. The man's statements about my brother's physical appearance and what he would like to do with him (...you get my drift), was just more than I could handle. And, given the fact this person was at least 20 years older — and truly a loud, totally obscene and obnoxious creature — just made it worse. My brother never knew what had happened. Thank God he was in another area at the time. But the thought of what could have occurred had I not been there to intercede, was frightening to me. My little brother was young, impressionable and certainly as capable as any other tall, fine, handsome, and sexually inexperienced young man to become caught up in the lure of that potential predator.

As long as I can remember, I've seen youthful men and women in nightclubs and bars, hanging out with the grown folks. Hell, I sneaked into those establishments (as a teen-ager) myself...every chance I got! Time and space will not allow me to recount now some of my own experiences with predatory older men. (Hint: *They will be published in my upcoming book, however.*) In all fairness though, I should give some recognition to those "May/December" romances that do happen and thrive beautifully, into years of harmonious bliss. I have absolutely nothing against that. However, the key word there is "romance"—which is distinctly different from perverse lust and lasciviousness based on a predatory situation.

It appears also that transgender-experimenting and/or questioning youth seem to have very different experiences along these lines. More times than not, there is physical abuse involved to some degree. Personally, I feel this is attributable to both low self-esteem issues and the added emotional burdens caused by the overwhelming negative connotations society places on the TG lifestyle, at large. In other words, what you have is a "broken spirited" individual from the start. Therefore, given this equation, we have the perfect victim for the astute predator.

Many transgender women become involved in relationships with men who hide (refute) their bisexual tendencies. Some of these men continue consider themselves as 'Straight' or *'Heterosexual'* — which they reinforced by the fact they only (exclusively) "do ladies." But for the unsuspecting young TG wife or girlfriend, this could end in devastating and long lasting negative effects.

An older, aggressive, macho partner with a beautiful young, impressionable TG mate can be an experience in horror and sheer terror. If that large supply of male testosterone is not under control and, you figure in the added pressures of a "macho-male hunk" with sexuality issues — that he wants to keep secret, the equation is a true vessel of destruction and mayhem on your hands.

Let me say that young gay questioning or inexperienced youth, particularly those who additionally fall into the transgender pigeonhole, should be very careful when considering the amorous attention of that dreamy-eyed, smooth-talking older person.

I must admit that I have always appreciated the male anatomy — whether appearing on the big screen, in books, or in person. Nonetheless, as an older person myself now, I can honestly say that I have always been able to differentiate "appreciation and respect"...from "lust."

To you older men and women...*with a taste for "chicken"*...I want to ask if you'll consider giving our youth a chance. They need to make their own decisions about with whom they choose to explore their sexuality. As well, this process needs to take place only when they are truly ready for it.

I would think that there are enough legal-aged adults around, who are "hot" enough to appease your needs. But if you find that your only option is a young innocent, "tenderoni"...well...your problems go deeper than what can be dealt with here. I would advise you to seek immediate intervention through appropriate professional health-care resources.

Or...you can just wait until the local law enforcement officials catch up to you.

Believe me, if the latter becomes your reality...I'm sure your years of new experiences with real predators will result in enlightenment beyond your wildest dreams!

The choice is yours...

Peace, love, happiness and prosperity...

# A National Call To Action

## December 2002

Twenty-one years have passed since the first case of AIDS was reported in the United States. Since then our nation has made significant progress in caring for and treating persons living with HIV and AIDS – both home and abroad. However, sometimes progress gets in the way of ultimate success. With the introduction of life-prolonging antiviral therapies has come mounting public complacency about the threat of HIV. The stigmas and discrimination associated with AIDS two decades ago still plague those living with the disease today. And America's system of HIV/AIDS care is a complex patchwork of programs and unpredictable financing mechanisms created to care for people dying of AIDS, not living with HIV.

For the first time in six years our nation experienced in 2001 an increase in AIDS-related deaths, and HIV infection is on the rise – especially among communities of color, women and youth. In fact, 50 percent of all new HIV infections occur in young people under the age of 25. And of the nearly one million persons estimated to be living in the United States with HIV, a third are not receiving HIV care and a quarter are unaware of their HIV status. It goes without saying, America and Americans can do more.

AIDS Actions calls on everyone living in the United States – community leaders, Members of Congress, business owners, immigrants, religious leaders, mayors, media, the President, labor, state legislators, educators and non-governmental organizations – to recommit themselves to the fight against HIV and AIDS until its over. Political, religious and social differences must be set aside while we collectively engage in a national strategy to end HIV infection in the United States, and build a stronger, more accessible system of care and quality of life for those already living with HIV and AIDS. The time is now for a National Call to Action.

**until it's over**

**AIDS ACTION**

The images contained throughout this document represent individuals synonymous with the AIDS epidemic in the United States and should not be interpreted as endorsement of the National Call to Action.

**1906 Sunderland Place, NW
Washington, DC 20036
202.530.8030 p
202.530.8031 f
www.aidsaction.org**

# SUBSCRIBE NOW!

## 12 Exciting Issues for $35.00

to subscribe drop this card in the mail or visit us at: www.arisemag.com

ARISE
For Diverse People of African Descent
BLACK
the photography of
John Healy
7 STEPS TO REJUVENATE YOUR LIFE
BLACK FINE ARTS SHOW
SPA ANYONE?
FEEL THE POWER

ARISE

---

ARISE FEEL THE POWER

ARISE Magazine is born out of the stuff that challenges us to reexamine what we thought we knew, raise the stakes a little higher and pursue a dream that almost seems beyond our reach. We recognize that to ARISE, one must be willing to move on up a little higher in the knowledge of self and the world around us. ARISE is here to articulate the message of success, hope and courage embodied in the spirit of African American people who are accomplishing prodigious feats, in spite of the odds.

☐ Yes! Start my subscription to ARISE today.
I'll get 12 issues for just $35.00.

Name

Address

City State Zip Code

Email

☐ Payment Enclosed ☐ Bill Me

ARISE FEEL THE POWER

ARISE Magazine is born out of the stuff that challenges us to reexamine what we thought we knew, raise the stakes a little higher and pursue a dream that almost seems beyond our reach. We recognize that to ARISE, one must be willing to move on up a little higher in the knowledge of self and the world around us. ARISE is here to articulate the message of success, hope and courage embodied in the spirit of African American people who are accomplishing prodigious feats, in spite of the odds.

☐ Yes! Start my subscription to ARISE today.
I'll get 12 issues for just $35.00.

Name

Address

City State Zip Code

Email

☐ Payment Enclosed ☐ Bill Me

ARISE FEEL THE POWER

ARISE Magazine is born out of the stuff that challenges us to reexamine what we thought we knew, raise the stakes a little higher and pursue a dream that almost seems beyond our reach. We recognize that to ARISE, one must be willing to move on up a little higher in the knowledge of self and the world around us. ARISE is here to articulate the message of success, hope and courage embodied in the spirit of African American people who are accomplishing prodigious feats, in spite of the odds.

☐ Yes! Start my subscription to ARISE today.
I'll get 12 issues for just $35.00.

Name

Address

City State Zip Code

Email

☐ Payment Enclosed ☐ Bill Me

SUBSCRIPTION OFFER

PLACE
STAMP
HERE

**ARISE**

1533 41st Street
Sacramento, CA 95819

SUBSCRIPTION OFFER

PLACE
STAMP
HERE

**ARISE**

1533 41st Street
Sacramento, CA 95819

SUBSCRIPTION OFFER

PLACE
STAMP
HERE

**ARISE**

1533 41st Street
Sacramento, CA 95819

# SUBSCRIBE NOW!

12 Exciting Issues
for $35.00

to subscribe drop
this card in the
mail or visit us at:
www.arisemag.com

ARISE
For Diverse People of African Descent
BLACK
the photography of
John Healy
7 STEPS
TO REJUVENATE YOUR LIFE
BLACK FINE ARTS SHOW
SPA ANYONE?
FEEL THE POWER

**ARISE**

# HOLD the lemon

### By Clarence J. Fluker

Several years ago I found myself dining at a local restaurant with my family on a typical afternoon outing. We went to the same restaurant that we often frequented on our Saturdays out. The hostess walked us to our usual table and we all sat in our usual spots. Not that my siblings and I had assigned seating when we went out with our mother but, after so many years a pattern had developed in the way that we all sat at the table.

After we had been seated for a couple of minutes our waitress came to our table and asked if we wanted to order anything to drink while we decided what we were going to eat. Per the norm my mother ordered iced tea, my sister the same and my brother a root beer and I a ginger ale. The next question the waitress asked was also not a shock. She asked did everyone at the table want a glass of water. My mother answered for all of us, yes. But what happened next was unusual. Before the waitress could sachet away from the table to fill our drink order I yelled out to her to hold the lemon in one of the glasses of water that should eventually bring back.

My entire life I had been going to restaurants with friends, family and social groups and more often than not when the waiter or waitress would bring glasses of water to the table they would all have a wedge of lemon in them. I would always use a fork to remove the lemon from my glass of water. I have always disliked the taste water with lemon wedges leaves in my mouth. I even find it fairly gross to observe those small seeds and pulp floating around in my glass. Moreover, I disliked the feeling in my throat when I would accidentally swallow one and it would go down the wrong pipe.

My request to the waitress didn't go unnoticed by my family. They immediately asked why did I ask her not to put a lemon wedge in my water because that's how it is always done. It is no secret to those that know me that I have a tendency to be very particular about how I go about performing even the simplest tasks in my daily life. Some often question why do I perform certain tasks in a way that is not accepted as the norm or take points of view that are not considered to be in step with my peers and many of my elders.

To answer these questions by friends and family, I always ask them as to why should I do everything like everyone else or take on the opinions, thoughts and attitudes as the majority. After my sometimes triumphant-less battle to challenge the way the inquisitor views my action or line of thought I typically offer them my most basic reason for handling things the way that I do and sticking to my own opinions, thoughts and attitudes despite what the majority says or does.

> Traditional practices are great if they are positive and beneficial. But when tradition is standing in the way of free thought, free spirit and individual freedom to do what works for you, tell someone to hold the lemon please.

What is my most basic reason?

The reason is that I must think for myself and do what works for me as long as it does not harm anyone else. The worlds that we live in, America, our family world, our corporate community, our spiritual sect, black gay "family" and every other shared community we exist in during the course of our day, is full of glasses of water with lemon wedges.

Those lemon wedges are more than just fruit slices they are symbolic of customs, practices and traditions that we find ourselves going along with because a majority has established them and they work for them, not us. Traditional practices are great if they are positive and beneficial. But when one finds themselves in situations where they are going along to get along or believing because everyone else believes, tradition is standing in the way of free thought, free spirit and individual freedom to do what works for you.

As a new year approaches I encourage my black gay family, made of so many diverse people, to examine itself and challenge some of the customs that we have been doing for years and passing from generation to generation. Dividing ourselves with labels so that we don't get along and can't work together as a community to accomplish more, spending countless dollars in businesses that don't support nor help foster *OUR* community and emphasizing aesthetic beauty so much more than beauty of the mind or spirit.

I also encourage people to examine their personal lives and think about the things that they go along with just because they are considered the norm and everyone else does it. One of the greatest lessons my mother ever taught me, usually when she was yelling at me for doing something wrong, was just because someone else jumps off a bridge doesn't mean that I should to. Sometimes one doesn't even have to completely do away with something that they have been practicing as a tradition or custom if they still find some value in it what it stands for or offers. If you embrace the meaning behind the practice but not how it's done simply start a new tradition or change it by making it your own and adding something new. I like water – just without the lemon – so I drink water – without the lemon.

The Saturday afternoon that I decided to speak up and ask the waitress to hold the lemon was a monumental moment in my life. There was an established practice however small it may seem in the grand scope of things, that I could no longer participate in because it was not pleasing to me, I challenged it and have been challenging bigger things ever since. Despite what others have done and continue to do we must find it in ourselves to step forward when the time arises to say hold the lemon please.

*CJFluker@hotmail.com*

Got Milk?
good
wear a
condom
pocc
pocc * 468 Bergen St * Brooklyn Ny 11217 *www.pocc.org :718-230-0770

# SIXTH ANNUAL U.S. CONFERENCE ON AIDS: when "reality land" came to anaheim

## Stirred by Kick-Off Message of President Clinton, Thousands Share Voices of Hope, Promise, Heroism and Despair

ANAHEIM – Perhaps it was appropriate that the recent U.S. Conference on AIDS (USCA) was held in Anaheim, California, with Disneyland in the shadows of the conference center.

For the more than 4,000 attendees, this was not a trip to "Fantasyland." From the pain-filled whispers of young adults with HIV, from policy makers to the poignant notes of acclaimed signers and entertainers, it was the voices of "reality-land" that resonated deep within the HIV/AIDS community.

With the theme, "Finding Our Voice," the Sixth annual U.S. Conference on AIDS (September 19-22, 2002) brought together thousands of leaders, from key decision makers to frontline service providers, to share insight and information on how better to serve those with or at risk for HIV/AIDS.

Jennifer Holiday

USCA Attendees

Maxine Waters

"Sixteen national AIDS organizations collaborated to make this a very special conference," said Charles L. Henry, co-chair of the California Host Committee and Director of the Office of AIDS Programs and Policy for the Los Angeles County Department of Health Services. "Hundreds of hours of dedicated, passionate commitment from volunteer committees made for an exciting, educational and informative meeting, one that sets the stage and agenda for our work in the years ahead."

Dr. Michael Reyes of San Francisco served as Henry's co-chair for the four-day meeting that showcased the first national address by Dr. Joseph O'Neill, the newly-appointed Director of the White House Office of National AIDS Policy.

The Conference's kick-off, a special taped message of former U.S. President Bill Clinton, drew a standing ovation from the more than 2,000 attendees of the opening breakfast. "This movement is a grassroots effort," said Clinton, "where knowledge is power. Count me as an ally in the struggle and I thank you for all that you do."

"The Voices of Advocacy"

Dr. O'Neill, in his first major address since assuming his role with the White House Office of National AIDS Policy, said that advocacy and communication are key ingredients to change. "We cannot get to where we need to go if we do not have the tough conversations we need – and like a family, we may disagree," he stressed, acknowledging the audiences' concerns about the Bush Administration and it's commitment to the fight against AIDS. "We are very clear that we have to provide more resources."

Dr. O'Neill recognized the work of the National Minority AIDS Council (NMAC) for its leadership of the USCA, and outlined the White House's AIDS agenda for the years ahead.

"We are committed to doubling the capacity of the National Institutes of Health Migrant Health Center, and increasing by 50 percent foreign assistance through the Millennium Challenge Fund," he said. He said the Bush Administration is committed to halving the number of annual HIV infections in this country by the end of a decade.

Discussions, workshops, exhibits, plenary sessions and roundtables about HIV/AIDS and our nation's youth, the rising epidemic among our communities of color, capacity building, housing, poverty, international issues, public policy and prevention services highlighted the conference's daily agenda. Evening activities and community events showcased Orange County's and much of southern California's successful AIDS programs and services.

Several hundred participated in a stirring candlelight vigil and tree planting ceremony held at a nearby park, a special event sponsored by the host committee. "This event – out in the open – allowed us to recognize those we've lost and gave me a personal sense of dignity," said Anita Parker from Voices of Women of Color Against HIV and AIDS, who attended the event. The host committee honored organizations and individuals whose life-size depictions and stories were featured at the California Experience display.

Entertainers and noted singers provided much enthusiasm and harmony during the entire conference. Actress Rosie Perez, singers Oleta Adams and Jennifer Holiday, and actress Dawnn Lewis not only provided their passion and inspirational talent but also their commitment to the cause.

Three members of the House of Representatives were honored and recognized for their tireless work and outspoken advocacy on behalf of women and people of color infected with HIV/AIDS. Representative Maxine Waters and Juanita Millender-McDonald, both of California, and Ciro D. Rodriguez of Texas were given the AIDS Leadership and Vision Award during an evening ceremony at the Anaheim Convention Center. Representative Loretta Sanchez, of Orange County, was presented with a painting created by artist Antonio Rael especially to commemorate the conference.

Loretta Sanchez

CA Host Committee

"This conference underscored how HIV care is becoming increasingly complex," said Henry. "One thing is increasingly clear. In order to ensure effective HIV care, we need to do a better job of addressing a wide range of issues: historical and cultural barriers, lack of information, substance abuse, homelessness and poverty."

The host committee concluded the conference by passing the torch to next year's host city, New Orleans.

# Soul Food is Cookin' at GMHC

**Need some "Food For Thought?"
How about a big helping of support?
It's all here at Soul Food!
Take a look at our menu:**

**Sacred Space**
FIRST THURSDAYS
6:30 – 9:00 P.M.
A discussion group for those brothers interested in exploring their "spiritual side."

**Discussion Groups**
SECOND & FOURTH THURSDAYS
6:30 – 9:00 P.M.
Our most popular "dish": frank and honest conversations about desire, pleasure, and more.

**The Kitchen**
THIRD THURSDAYS
6:30 – 9:00 P.M.
Our combination platter: discussion and condom wrapping or envelope stuffing. No meal is completed without some work!

**Soul Food Plus**
THIRD FRIDAYS
7:00 – 9:00 P.M.
Something a little "extra" special for HIV-positive brothers: discussions with your needs and desires in mind.

**Loungin' in Giovanni's Room**
EVERY WEDNESDAY
6:30 – 9:00 P.M.
Now that you've had all that Soul Food, join us on the sofa as we share at the open mic with spoken word, poetry, and free expresson.

SOUL FOOD
BROTHERS HEALING BROTHERS

**Soul Food is more than a cuisine! It's a health and wellness promotion program for brothers who practice same-sex desire.
Come and be a part of "Brothers healing Brothers."**

GMHC
GAY MEN'S HEALTH CRISIS

The Tisch Building ▪ 119 West 24 Street, NYC
212/367-1372 ▪ soulfood@gmhc.org
Hotline: 1-800-AIDS-NYC ▪ TTY: 212/645-7470
www.gmhc.org

© 2002 GMHC

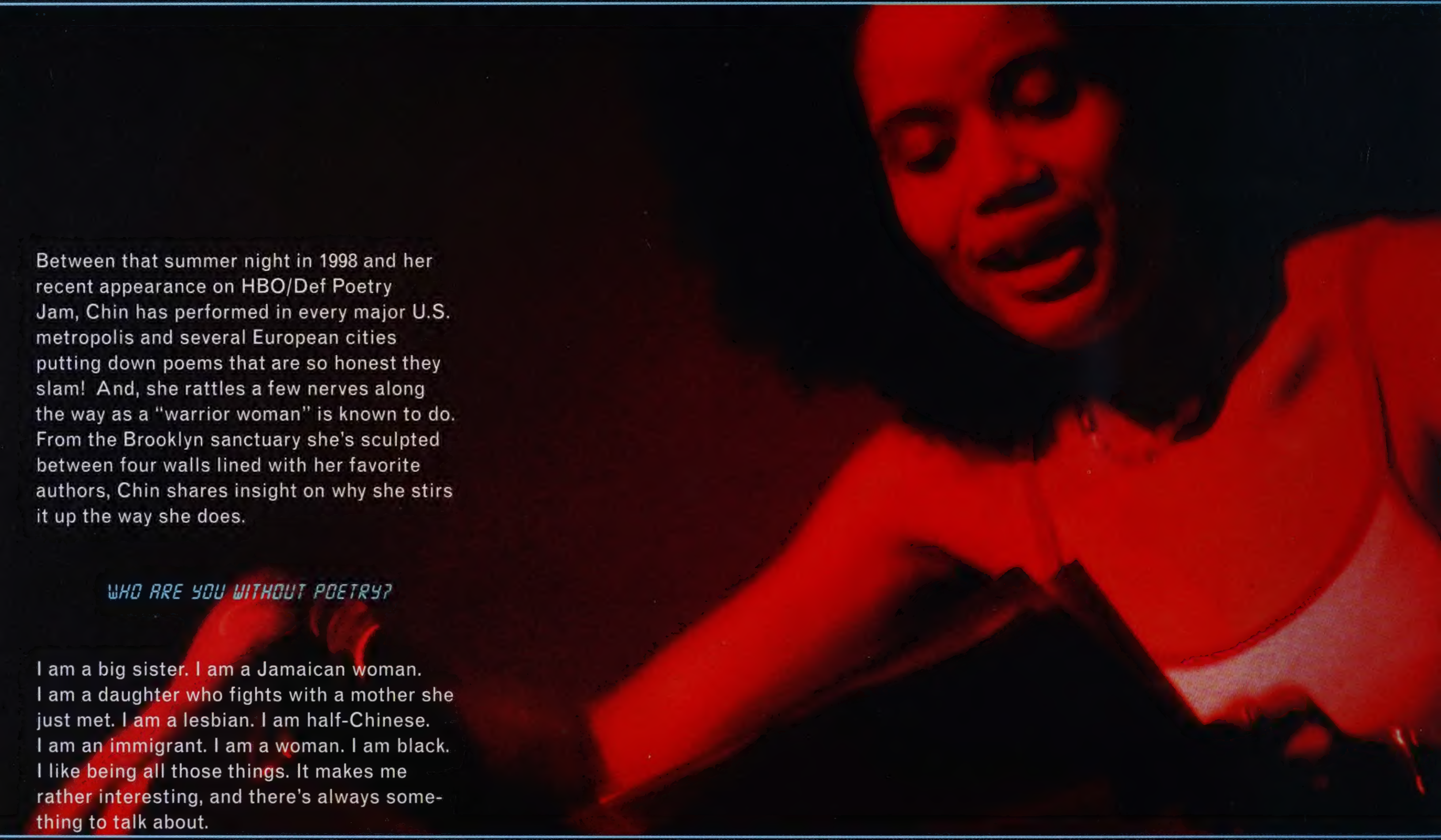
Staceyann Chin is a Jamaican spoken word artist whose arsenal of painful self-portraits and cut-throat metaphors has captured a fanatic following in Denmark. To audiences who crowd misty red-lit rooms to witness her prowess she is the queen of America's slam poetry movement.

We all have inspiring stories and heartfelt issues, many of which are akin to the ones Chin deliberates: Abandonment by an insecure mother and absentee father and the longing to heal the wounds that follow, the decision to migrate to America and renew our purpose, the need to love openly and freely, and the quest to create change in this world. While the fuel for her pen may be familiar, it is how this 29-year-old native of Montego Bay weaves her words and articulates her ideas and furor that earns her distinction.

# SLAM QUEEN

INTERVIEW AND PORTRAITS BY SEAN DRAKES

Performing poems is a distant shot from her academic beginnings as a high school science teacher in Jamaica. "When I came to America in search of what am I going to do," Chin recalls, "a lot of it was tied-up in the whole homosexual issue. I left Jamaica because government is yet to decriminalize homosexuality. When I moved to America I wandered around for a year not sure what I wanted to do, debating and trying to figure out what one did in New York." One day she helped a guy move some stuff at Manhattan's Nuyorican Café, that got her comp admission to a reading. "I got there and the lady said, 'If you got a poem in your pocket put your name in the book.' I did. Then I hit the stage. I opened my mouth, the crowd responded and an orgasmic moment happened, I uttered: Oh!...Oh! Okay!"



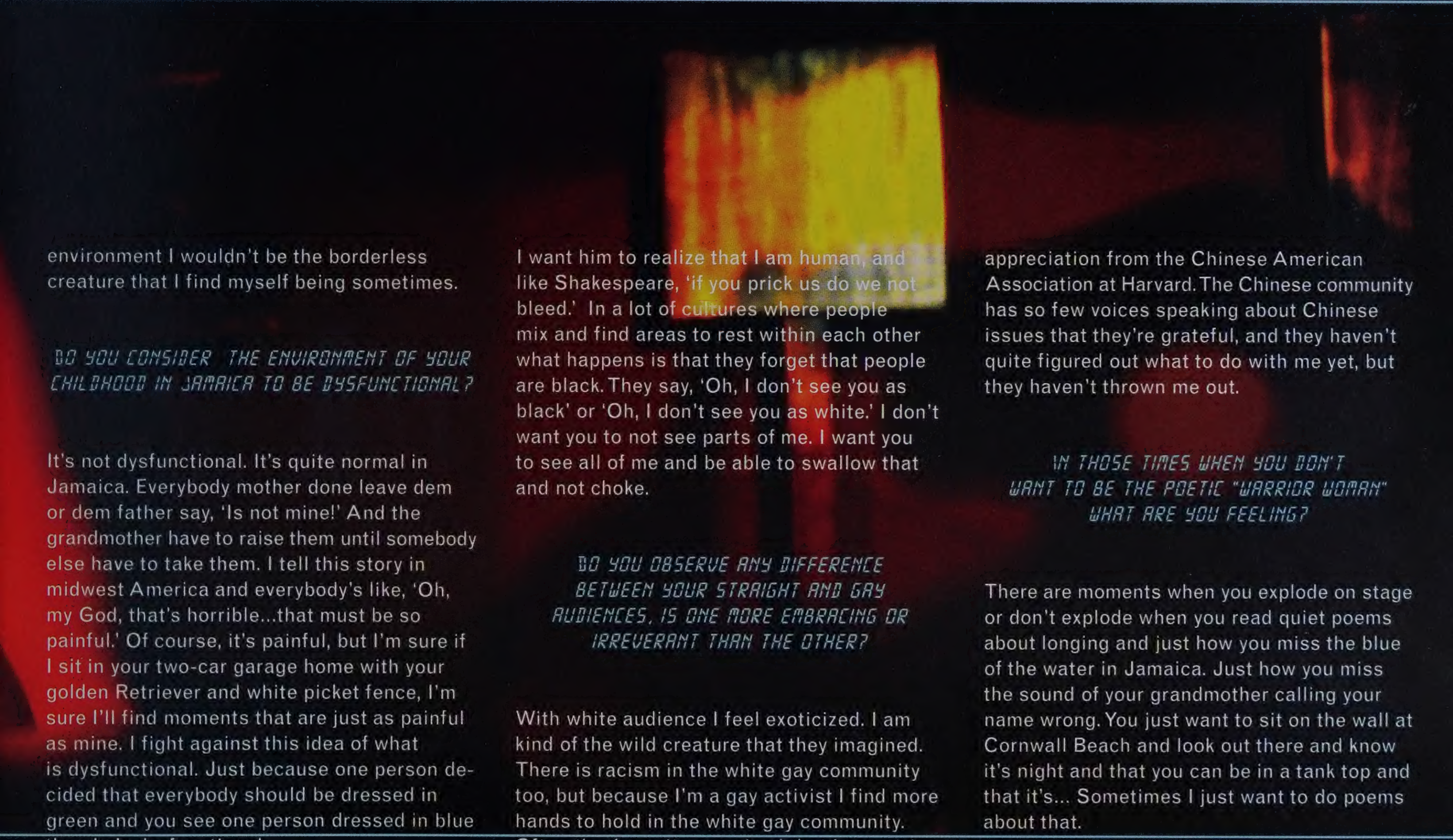
Between that summer night in 1998 and her recent appearance on HBO/Def Poetry Jam, Chin has performed in every major U.S. metropolis and several European cities putting down poems that are so honest they slam! And, she rattles a few nerves along the way as a "warrior woman" is known to do. From the Brooklyn sanctuary she's sculpted between four walls lined with her favorite authors, Chin shares insight on why she stirs it up the way she does.

**WHO ARE YOU WITHOUT POETRY?**

I am a big sister. I am a Jamaican woman. I am a daughter who fights with a mother she just met. I am a lesbian. I am half-Chinese. I am an immigrant. I am a woman. I am black. I like being all those things. It makes me rather interesting, and there's always something to talk about.

**IF YOU COULD, WHICH PART OF YOUR LIFE'S SCRIPT WOULD YOU REWRITE?**

Maybe just one stable place that I could have called home during my childhood. But who I am is a natural outgrowth of the lack of a structure that formed my life. The kind of individual who does not understand boundaries and structures, and how things are supposed to go. It is the fact that I do not understand it that makes me fight against it so much. So, if I were to deconstruct me and put me in a home with Mr. Chin and his wife, or put me with Hazel and her husband where I would have to wake up in the morning and do what my Mommy says, and be raised with a kind of expectant



environment I wouldn't be the borderless creature that I find myself being sometimes.

DO YOU CONSIDER THE ENVIRONMENT OF YOUR CHILDHOOD IN JAMAICA TO BE DYSFUNCTIONAL?

It's not dysfunctional. It's quite normal in Jamaica. Everybody mother done leave dem or dem father say, 'Is not mine!' And the grandmother have to raise them until somebody else have to take them. I tell this story in midwest America and everybody's like, 'Oh, my God, that's horrible...that must be so painful.' Of course, it's painful, but I'm sure if I sit in your two-car garage home with your golden Retriever and white picket fence, I'm sure I'll find moments that are just as painful as mine. I fight against this idea of what is dysfunctional. Just because one person decided that everybody should be dressed in green and you see one person dressed in blue then he's dysfunctional.

WHAT ELSE MAKES YOUR WORK RELEVANT TO BLACK, WHITE, CHINESE, 'DOUGLA' PEOPLE WHO READ OR LISTEN TO YOU?

The human condition is common. It is universal in every way. I know that the black woman in South Africa can relate to the black woman in suburban Chicago. A good writer works toward finding areas of commonality without sacrificing the difference between people. I don't want the white woman to forget that I am black in America and what that means, and how it makes our lives different. I don't ever want the white man to forget I am a black woman and in some areas I am the N-word. I want him to realize that I am human, and like Shakespeare, 'if you prick us do we not bleed.' In a lot of cultures where people mix and find areas to rest within each other what happens is that they forget that people are black. They say, 'Oh, I don't see you as black' or 'Oh, I don't see you as white.' I don't want you to not see parts of me. I want you to see all of me and be able to swallow that and not choke.

DO YOU OBSERVE ANY DIFFERENCE BETWEEN YOUR STRAIGHT AND GAY AUDIENCES, IS ONE MORE EMBRACING OR IRREVERANT THAN THE OTHER?

With white audience I feel exoticized. I am kind of the wild creature that they imagined. There is racism in the white gay community too, but because I'm a gay activist I find more hands to hold in the white gay community. Often they're quite surprised that I can string words together to make a sentence. Quite surprised that I seem to be educated. So I get that feeling of...'My God, this is the gold fish who can speak,' from white straight audiences. From Black straight audiences they're completely uncomfortable with me. Because you know, as soon as we put a little bit of color on our skin we get more uncomfortable with the homophobic issue. I feel most at home in the black gay community. It's weird, like in the Chinese community. They invite me to perform a lot in April which is Asian month because my last name is Chin and I'm a performance artist many people don't know about. I oftentimes think people are blown away when I step into the room. But they've come out in every way of support. If you look up there, that's my certificate of appreciation from the Chinese American Association at Harvard. The Chinese community has so few voices speaking about Chinese issues that they're grateful, and they haven't quite figured out what to do with me yet, but they haven't thrown me out.

IN THOSE TIMES WHEN YOU DON'T WANT TO BE THE POETIC "WARRIOR WOMAN" WHAT ARE YOU FEELING?

There are moments when you explode on stage or don't explode when you read quiet poems about longing and just how you miss the blue of the water in Jamaica. Just how you miss the sound of your grandmother calling your name wrong. You just want to sit on the wall at Cornwall Beach and look out there and know it's night and that you can be in a tank top and that it's... Sometimes I just want to do poems about that.

DESCRIBE THE LOVER YOUR HEART LIVES FOR AND YOUR SOUL SINGS TO?

She's gotta make me laugh and she's gotta hold me when the nights are crazy. She has to be comfortable in the world. What I do has to be important work for her as well. She's got to laugh hard and love crazy.

WHAT MOTIVATES YOU TO RETURN TO JAMAICA?

The safety of my friends who are gay in Jamaica. Not everybody has the wherewithall to get up and buy a ticket to come to America. Many

of us are unable to do that. I think those of us who come abroad and make a name for ourselves must go back home and spread our wings a little bit and allow for a space where people can be safe. We need to help to create that environment. We need to push and pressure [Prime Minister] P.J. Patterson. We need to have Jamaica at least look at the issue and begin conversation about it because it would never change if we don't talk about it.

**IS THAT PRETTY MUCH WHAT CONSUMES YOU WHEN YOU'RE IN JAMAICA?**

Yes, yes. I think of what am I doing to help this community. I feel guilty about running away. I feel like I have a responsibility for the growth and development of Jamaica. I am Jamaican wherever I go. If I runaway then I'm not doing anything away. But I am, because I'm out here as a Jamaican and I still carry my Jamaican flag.

**WHAT CONSUMES YOU DAILY IN AMERICA?**

I like it here but I always feel like an outsider. I am an immigrant and America doesn't allow you to forget that. And, then I'm black, so that's a double strike against me. Then I'm a woman, strike again. And, then I'm gay, strike me again. Every day I try very hard to explain my life in a way that will help dispense with those very harmful myths that surround being all kinds of others. But, these days I am consumed by the thought of being a mother. I want to raise a child. I want to love a child and provide a home for a child.

**IN THAT DANISH BIOPIC MUCH OF YOUR WORK IS ABOUT THE STRAIN OF YOUR MOTHER-DAUGHTER RELATIONSHIP, HAVE THE WOUNDS FROM HER ABANDONING YOU IN JAMAICA BEEN HEALED?**

My mother is here in my house [in Far Rockaway, Queens] for the first time, I met her four years ago. I think we could be served by some sort of counseling, but I don't think she would agree to that. She now lives in Cologne, Germany. We are both completely at a loss as to how to negotiate each other. So, there's always a distance. My girlfriend came here last night and my mother stayed in this room and refused to meet her. Her greatest fear is that she will be featured too much in my work. She hasn't seen very much of what I've written. She doesn't come to see me perform, nor does she want to. And, I'm writing a book that could very likely cost me my relationship with her. If you're going to be a writer then you have to be a writer. The most important thing to me is to tell our stories. In the black community, in the Caribbean community, we sit on too many secrets and we die with them. And, they rot in our children because we pass them on. I've carried these secrets for too long.

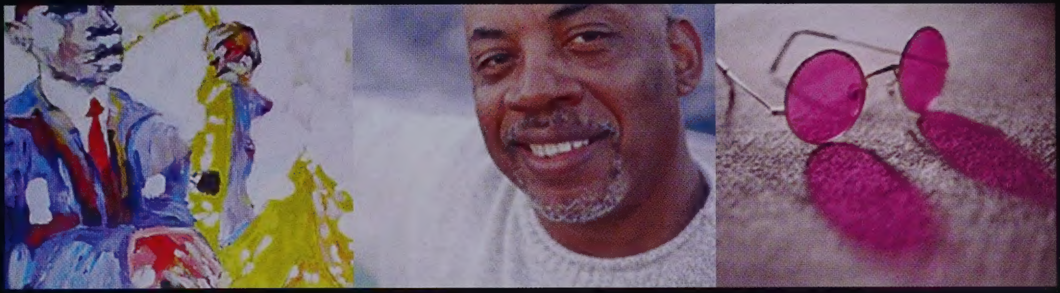
**WHAT WOULD BE YOUR ULTIMATE ACHIEVEMENT?**

When Audre Lorde died it was a unanimous public opinion that she had done much to improve the world. I want to leave the world a better place than when I got here. Toni Morrison is changing the world with her pen. When I die I want the people who were around me—the person who delivers my mail, the waiter who serves at the restaurant I eat at, my sister—to say their lives were made better by my being here. And the people who read my work I want them to say, 'Yes! my world is better because Staceyann Chin was here.'

ART

APPAREL

ACCESSORIES



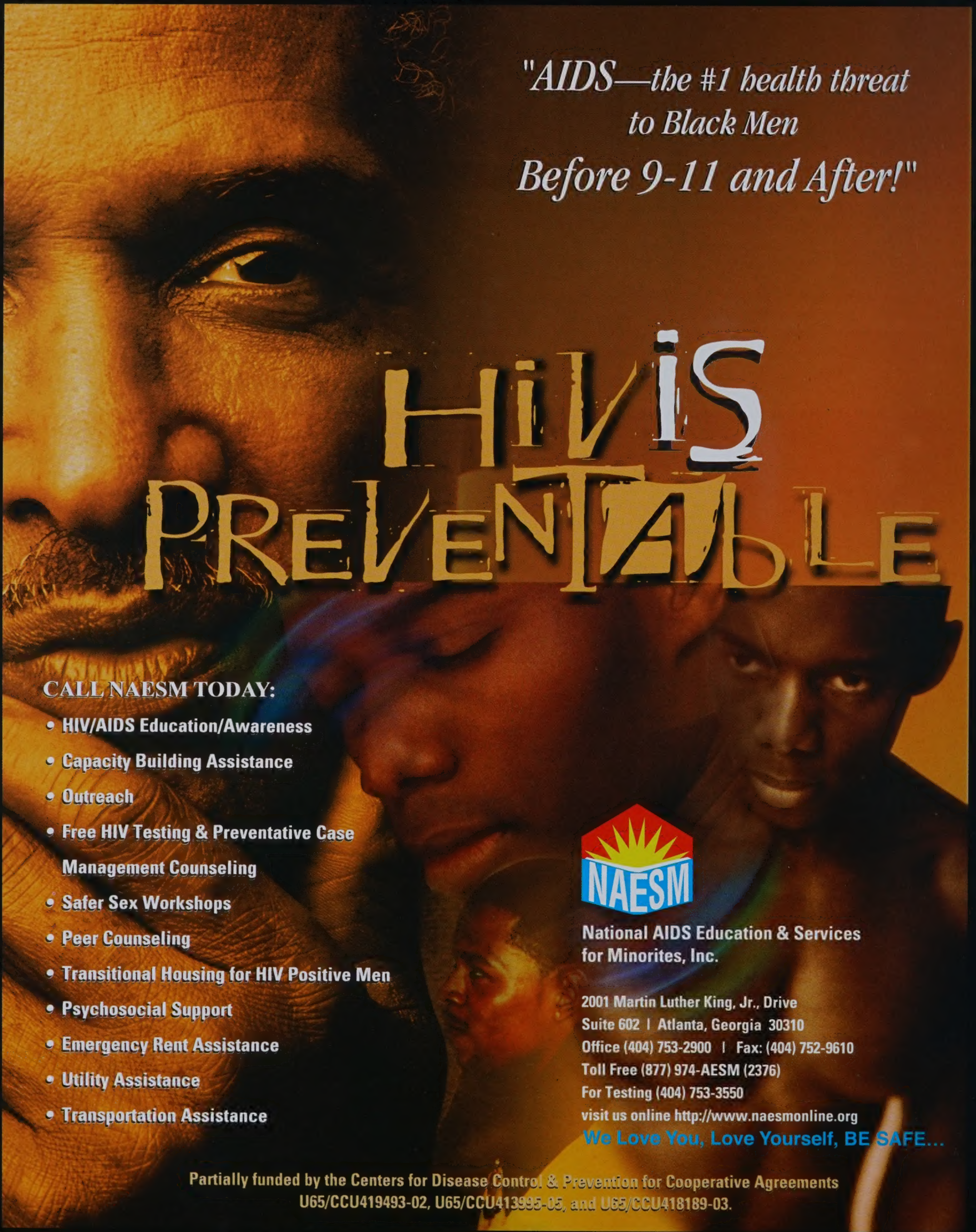
"CLASSIC CITY STYLE"

DSM is not just a store but is also a boutique experience with the ambiance of a comfortable hangout. Black leather armchairs flank a Chinese chessboard near the window – three or four people a day come in to play chess with Titus. A fabulous hand-painted chess set from South Africa is prominently displayed. Paintings of jazzmen line the walls. Music plays and the CDs are for sale.

*designed by Nuwävo for Arise Communications*

**DSM**
**DEEP SOLE MEN**

634 Grand Avenue, 1st Floor, Oakland, CA 94610
Telephone 510.835.SOLE (7653) Fax 510.835.3760
Web: www.deepsole.com Email: info@deepsole.com



*"AIDS—the #1 health threat
to Black Men
Before 9-11 and After!"*

# HIV IS PREVENTABLE

**CALL NAESM TODAY:**

- HIV/AIDS Education/Awareness
- Capacity Building Assistance
- Outreach
- Free HIV Testing & Preventative Case Management Counseling
- Safer Sex Workshops
- Peer Counseling
- Transitional Housing for HIV Positive Men
- Psychosocial Support
- Emergency Rent Assistance
- Utility Assistance
- Transportation Assistance

NAESM

**National AIDS Education & Services
for Minorites, Inc.**

2001 Martin Luther King, Jr., Drive
Suite 602 | Atlanta, Georgia 30310
Office (404) 753-2900 | Fax: (404) 752-9610
Toll Free (877) 974-AESM (2376)
For Testing (404) 753-3550
visit us online http://www.naesmonline.org

We Love You, Love Yourself, BE SAFE...

Partially funded by the Centers for Disease Control & Prevention for Cooperative Agreements U65/CCU419493-02, U65/CCU413995-05, and U65/CCU418189-03.

BY DR. DAVID MALEBRANCHE

Two years ago, I spoke to a group of brothers in upstate New York about health issues for same-gender-loving black men. One brother stood up and said: "Doc, I've been HIV-positive for over 15 years and I feel fine. Every time I go to my doctor, he keeps tryin' to push these HIV meds on me, probably because he's making money from the pharmaceutical companies every time he gets one of his patients on them. So I take the prescriptions, throw them in the trash when I get home, and just go back every 3 months to get my lab results. Is that OK?"

I paused.

Sitting in front of me at that moment, this brother was telling me the exact problem with our utilization of health-care facilities. And his story wasn't the only one like that. Black people, we have a problem and that problem is communication with our doctors. But first, let's look at a bit of history.

We all know of the mistreatment of blacks by the American medical system. From heatstroke experiments on slaves to the Tuskegee atrocities from 1942 to 1972 to the current subtle denial of best treatments to black people as detailed by the Institute of Medicine report, it is obvious that our current health care "disparity" did not emerge out of thin air. And it is surely not a reflection of genetic or culturally specific health behaviors on the part of blacks that put us at increased risk of complications and death from the Top 10 chronic diseases outlined by the Centers for Disease Control and Prevention (CDC) in Atlanta.

What's the problem with blacks and adverse health outcomes today?

Let's take a stab at this, because we all seem to be running around dazed and confused. As blacks, we have been traumatized by social discrimination and a history of medical discrimination. Many of us are distrustful of health-care facilities at baseline. That's a fact. So, when we enter emergency rooms, outpatient clinics and urgent-care centers, we often come in with a chip on our shoulder, waiting for someone to mess up or disrespect us. When the gum-popping receptionist gives us attitude, we're ready to bolt. When the nurse or phlebotomist jabs us a little too hard with a needle, we're out the door. When it takes too long to see the doctor or provider, we're ready to fight.

Finally, when the doctor dismisses our concerns after we waited two hours to see him or her, we retaliate by refusing to return for a follow-up. Sometimes we won't take the medications or tests they recommended. And God forbid we get a whiff that anyone in the medical facility is judgmental of our sexuality. If so, we clam up and let the providers carelessly gloss over any discussion of sexual behavior that would help them screen us for disease. That'll show 'em.

Miscommunication or mistreat me in your health-care facility and I'll teach you a lesson by becoming less invested in my own health. Makes sense, doesn't it? No, it doesn't.

Our internalization of years of mistreatment by medical professionals has made us complacent, disinterested and ignorant about actively pursuing our own health care. We avoid the clinics and hospitals that provide us with care because we are trapped by history and negative past experiences. Do we manifest the same avoidance and disinterest in buying products from the grocery stores whose clerks give us attitude because of our race? The churches that judge us because of our sexuality? The auto mechanics that disrespect us and rip us off? The nightclubs that help us get drunk and high without putting anything back into the community? No, we keep returning to these facilities despite our negative experiences with them.

So why is it so hard for us to return to facilities that can help us better take care of our bodies, the same way we incessantly return to other customer service venues that service our material possessions or perpetuate our self-destructive pleasurable behaviors?

Taking care of our spirits and bodies should be the most important customer service endeavor in which we invest our time and money. Put away the internalized trauma, the baggage, and whatever other rationalizations you have for not visiting health-care facilities. If you don't have medical or dental insurance, go to your local clinic and speak to a social worker about getting some type of insurance. If you have a job that provides you with medical and dental insurance, enroll and utilize it. If you have a job that doesn't provide you with insurance, ask your employers about health benefits, find a job that offers benefits, or go to a local clinic to inquire about getting insurance. Without a national health plan in the United States, we become victims of a system that caters to the rich and gainfully employed, while leaving part-time workers and the unemployed to become the yearly negative statistics of this health care "disparity."

Being pro-active about our health must have the same enthusiasm with which we approach our car repairs, shoe maintenance, club-hopping and dry cleaning. Don't let a less-than-optimal medical system and some negative past experiences get the best of you.

We all should have health care. We must start believing that we are deserving of good health care in order to truly access it.

Next month, I'll review types of insurance that are available to us – without it; we can't get the health care we so desperately need.

**People Into Living:**

Meet Bernard. He's on the move and having fun. Serious about friendship. Family. Responsibility. Health. Mistakes can be deadly. He's not in this alone. He's got us...

**US HELPING US**

*Funded by the D.C. Department of Health, Administation for HIV/AIDS • CFC 7703*

**HIV prevention and support services for all black gay and bisexual me**

**CFC # 7703**

- **support groups**
- **HIV counseling & testing**
- **individual & group psychotherapy**
- **case management**
- **HIV telephone help line (202-546-5300)**
- **community theatre & forums**

**202-546-8200**
**TTY 202-546-4416**

UHU
US HELPING US Inc.
811 Street, SE
Washington, D.C. 20003

in the spirit
of health

BCA's Spirit of Health Campaign

The Black LGBT Film Festival

Award Winning Staff & Programs

## The Black Coalition on AIDS is

# Making Black History

## In San Francisco

**Support BCA in**
**BUILDING A HEALTHY**
**BLACK COMMUNITY**
**in San Francisco**

Make a tax-deductible
donation today:
Black Coalition on AIDS
984 Folsom Street, 3rd Floor
San Francisco, CA 94107

or call
415.615.9945

Black Coalition on AIDS
984 Folsom Street, 3rd Floor
San Francisco, CA 94107
415.615.9945
www.bcoa.org

BCA

# Death by Neglect: Why We Should Care About HIV Testing

By Phill Wilson

It's frightening how many African Americans are infected with HIV and don't even know it. This lack of knowledge is, to put it bluntly, killing us.

African Americans suffer the highest infection rates of any racial or ethnic group. Many in the mainstream media have tried to lay the blame for high rates of HIV infection in our communities on the supposed "bad habits" of black folks with HIV. "Why are they so irresponsible?" they ask. "Why do they take so many risks?" But the truth is much more complicated than those racist assumptions.

Yes, across the nation, some African Americans with HIV are engaging in risky behaviors like unprotected sex. But no more so than other racial groups. In fact, research by the Centers for Disease Control among the black men with the highest infection rates – young gay and bisexual black men – shows that these men take SLIGHTLY fewer risks than their white and Latino peers.

Our HIV-positive brothers and sisters are not spreading HIV because they have poor judgment—they're spreading it because they don't even know they are infected. A study of gay and bisexual black men released recently showed than more than nine out of ten young HIV-positive Black men didn't know they had the virus. People who know they are infected and in care are a lot more likely to protect their partners than those who don't.

Why don't more African Americans know their HIV status? Fear and ignorance! Fear of the disease and ignorance about HIV testing and treatment. So as a start to encouraging people to test for HIV, it's important that we know the facts – and are able to talk about these facts to others.

- **Getting tested for HIV is easier than it used to be. A few years ago, you would have to go in for a blood test and wait weeks for your results. Today, there's an oral test that's needle-free, and rapid tests that provide results in less than an hour.**
- **If you do find out that you're HIV-positive, the benefits are twofold.**
- **First, you can start on a treatment program that will help your body keep the virus under control for a long, long time. Private insurers and Medicaid almost always cover HIV/AIDS treatments. A disease that might not kill you for 15 or 20 years is hardly in the same "death sentence" class as an inoperable brain tumor. With good treatment, AIDS can be a lot more like diabetes or high blood pressure. It's when we don't get tested and into care that AIDS turns into a death sentence.**
- **Second, you can start taking precautions to ensure that you don't pass on the virus to anyone else.**

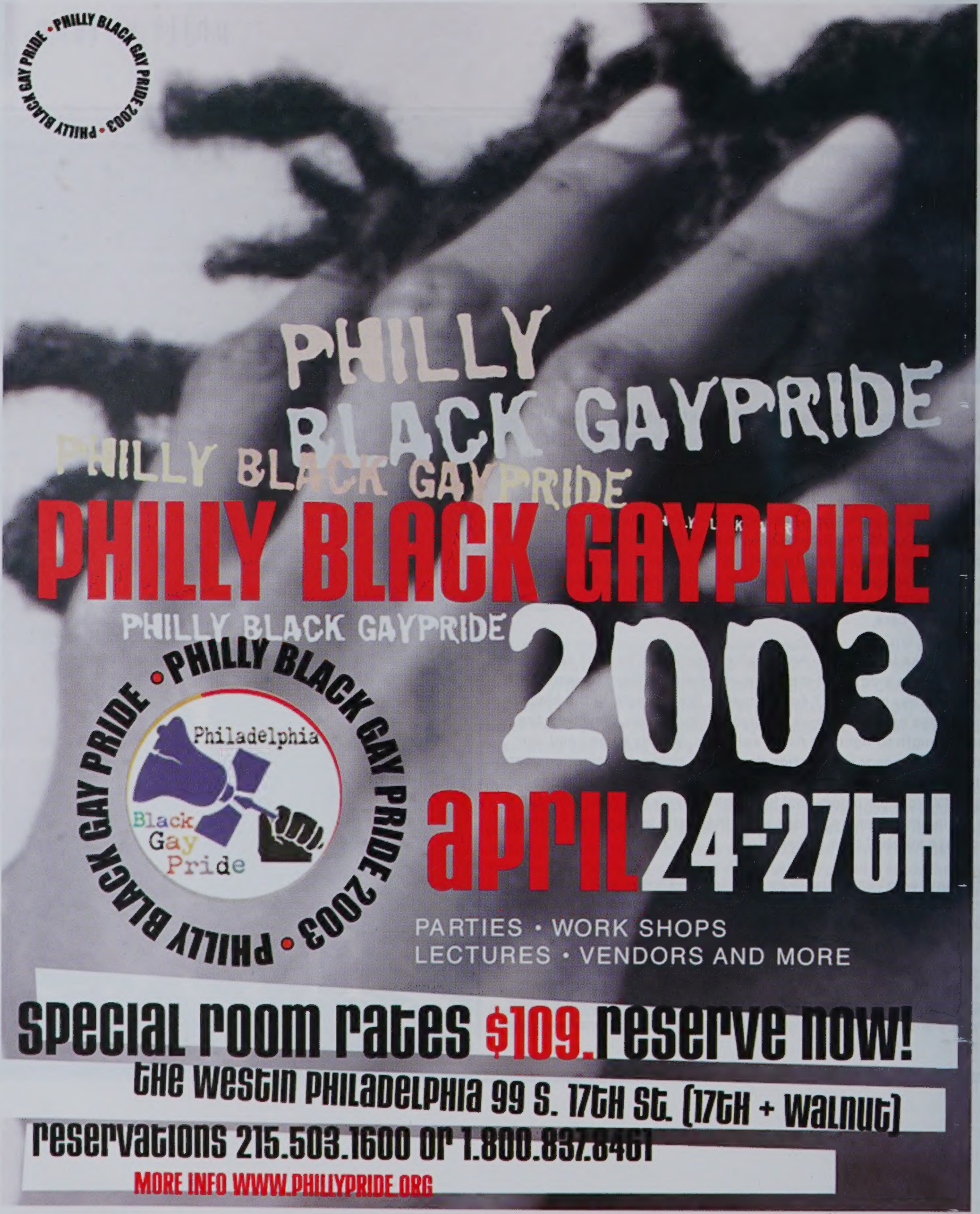
A major reason people don't get tested is that we still have work to do to fight the stigma of HIV. Many African Americans, particularly African-American men, already know that we are thought of as both dangerous and disposable—why would we want to go find out that we may also be grappling with an infectious virus? Positive images of people with HIV include gay white men, older men, mothers, but rarely young black males. When it comes to young black men with HIV—think of NuShawn Williams in upstate New York or Nikko Briteramos in South Dakota—we get images of people whose behavior endangered others, and messages that focus on control and containment rather than counseling and care.

What will it take for African-American communities to start sending our young people a different message—that we are there to stand with them, even if they have HIV? For centuries, the strength of the black community has helped carry us through difficult times. Now we have to use that strength to fight the AIDS epidemic. Beauty salons and barbershops can sponsor HIV testing days. Civil rights organizations can make testing available at their national conventions. Ministers can address HIV from the pulpit—not just urging mercy for those who suffer, but by letting their congregations know that early testing and treatment can increase survival time by years.

The alternative—silence and more infections—comes with deadly consequences. Ten years ago, African Americans represented a quarter of AIDS cases, according to the federal centers for disease control. Today, we represent more than half of all new HIV cases.

Those kinds of numbers —and the CDC research on how many young HIV-positive African Americans are untested—make the choice clear. Talk openly and concretely about testing and counseling and treatment for people with HIV, address the stigma head on, confront the negative stereotypes offered by mainstream media, set an example by getting tested. Or condemn a generation to death by neglect.

**Phill Wilson has been living with HIV for 22 years. He is the founding director of the African American AIDS Policy and Training Institute in Los Angeles CA. He can be reached at** *Phillw@aaainstitute.org.*



• PHILLY BLACK GAY PRIDE • PHILLY BLACK GAY PRIDE 2003

PHILLY BLACK GAYPRIDE

PHILLY BLACK GAYPRIDE

# PHILLY BLACK GAYPRIDE

PHILLY BLACK GAYPRIDE

• PHILLY BLACK GAY PRIDE • PHILLY BLACK GAY PRIDE 2003

Philadelphia Black Gay Pride

# 2003

# april 24-27th

PARTIES • WORK SHOPS
LECTURES • VENDORS AND MORE

## special room rates $109. reserve now!

the westin philadelphia 99 s. 17th st. (17th + walnut)
reservations 215.503.1600 or 1.800.837.8461
MORE INFO WWW.PHILLYPRIDE.ORG

AMASSI
Health, Culture, Affirmation

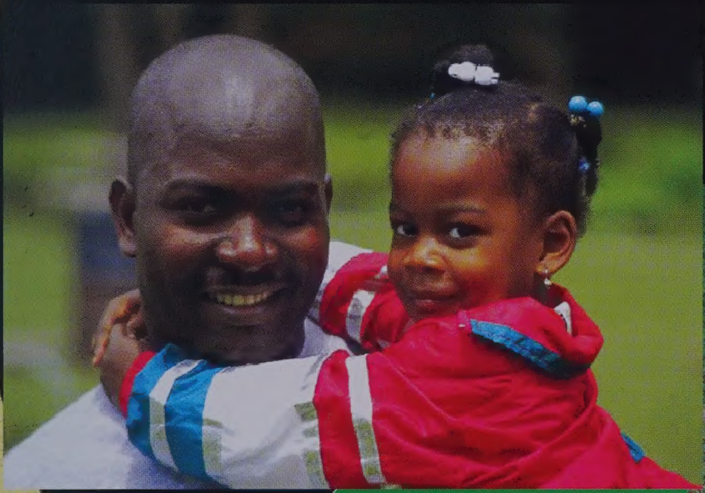
# AmASSI Center Los Angeles

# Wellness Counseling

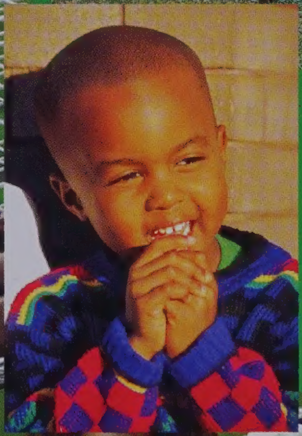
**Free and low-cost counseling services. For a deserving community**

Provided by professionally trained, skilled and culturally connected men and women from the communities we serve.

We work with Individuals, Youth, *Couples and Families facing:
*Couples Conflict
Depression
Suicidal Ideation
HIV Risky Behavior
Low Motivation
Sexuality Questions
Internalized Oppression
Substance Abuse
Living With HIV, etc.



The AmASSI Center of Los Angeles is a member Better Business Bureau of the Southland



**Day and Evening Appointments Available**

**For Appointment Contact:**
**Ujima Moore**
**Phone: 310-419-1969**
**Fax: 310-419-1960**
**Email: Ujima@amassi.com**

**160 S. La Brea Ave.**
**Inglewood, CA 90301**

**4343 Crenshaw Blvd.**
**Los Angeles, CA 90008**

*Couples refers to both Heterosexual and Same-Gender-Loving (SGL) intimate/romantic relationships

Funded by
The California Endowment and the Center for Substance Abuse Treatment (CSAT)

**Committed to Health, Wellness and Cultural Affirmation**

ALIZÉ
GETS
AROUND
BELLISSIMO
Bellagio, Las Vegas
PASSION MIMOSA
Nine Restaurant, Chicago
ALIZÉ COGNAC ON THE ROCKS
Sidetrack, Chicago
RED ROOM MARTINI
Le Cirque 2000, New York City
PASSIONATE TORO
Space, Miami
Alizé
Alizé COGNAC
Alizé RED PASSION
Alizé GOLD PASSION
Alizé WILD PASSION

**From New York to San Francisco and Chicago to Miami,**

the word is out. Alizé is popping up in the most extraordinary places. Is it the smoothness of our award winning **Alizé Cognac**, which is aged twice as long as the competition? Is it the outrageously refreshing blend of all-natural fruit juices and fine French Cognac in our **Alizé Gold Passion**, **Red Passion**, and **Wild Passion**? Or is it Alizé's ultimate mixability? The truth lies inside every bottle of Alizé. Discover it.

©2002 Kobrand Corp. Alizé de France, imported from France by Kobrand Corp., New York, NY. Alizé 16% alc. by volume, Alizé Cognac 40% alc. by volume.

ART STYLE TRAVEL ENTERTAINMENT PEOPLE

# ARISE

For Diverse People of African Descent

## A DAY IN THE LIFE OF AFRICA

250 Photographers & A Single Vision

## FIRE!

black LGBT writers make history

## STACEYANN CHINN

slammin!

## Arnold Sapenter & Joseph Reed

30 years & still counting a tradition of loving

## Mother Jean Corneck

a tradition of caring

## BODIES OF COLOR

photographer Robert Bengston

Vol.2 No.11 DEC 2002

$4.00 US/CAN

ARISE 2nd Anniversary Issue

FEEL THE POWER

# AFRICAN AMERICAN AIDS POLICY AND TRAINING INSTITUTE

Our People
Our Problem
Our Solution

honors

**Danny Glover**
Actor

**Robert Johnson**
Chairman,
Black Entertainment Television

**Ronald Johnson**
Associate Executive Director,
Gay Men's Health Crisis

**Rev. Cecil L. 'Chip' Murray**
Senior Minister, First A.M.E. Church

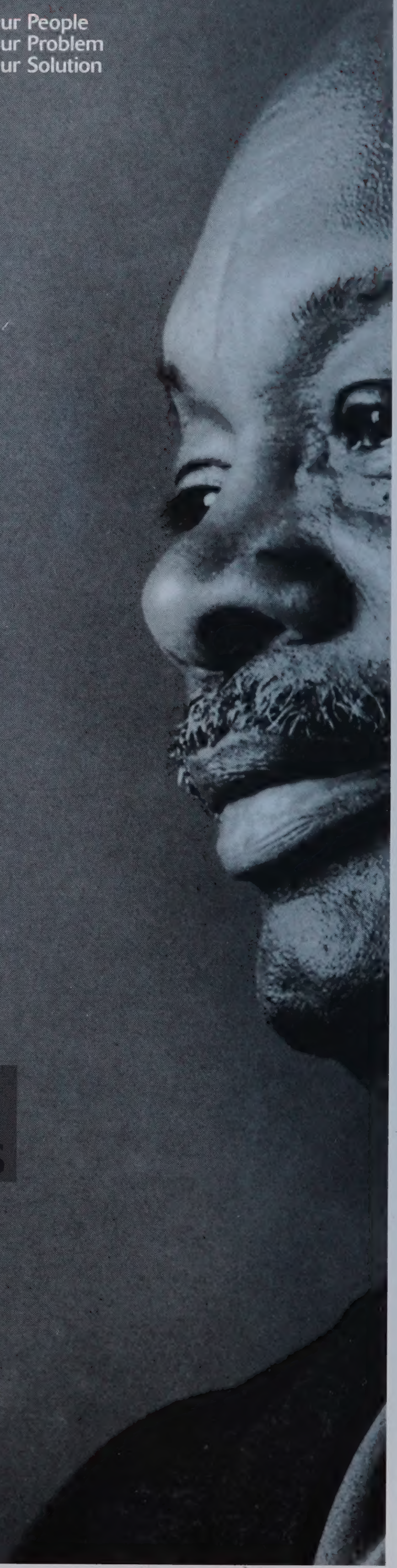
**Dr. David Satcher**
Former U.S. Surgeon General

**Russell Simmons**
Chairman, Rush Communications

**Jacquie Stephens**
Broadcast Journalist, KJLH Radio

**Honorable Diane Watson**
Member of the
U.S. House of Representatives

**Jewel Thaïs-Williams**
Owner, Catch One Disco



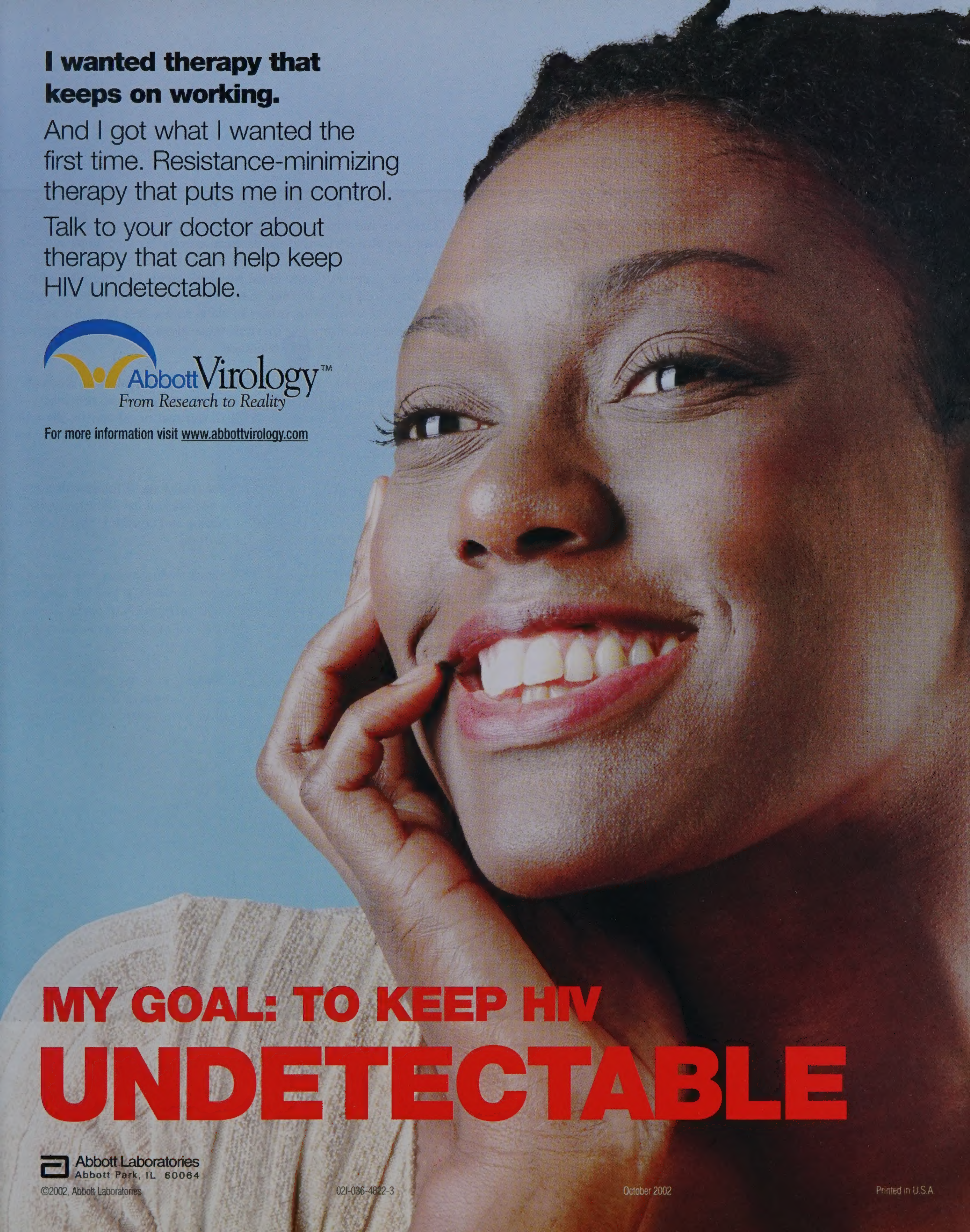
HIV

# Heroes in the Struggle

AIDS

A PHOTOGRAPHIC TRIBUTE
TO 9 AFRICAN AMERICAN AIDS
WARRIORS WHO HAVE MADE
OUTSTANDING CONTRIBUTIONS
TO THE FIGHT AGAINST HIV/AIDS

**OPENING RECEPTION DECEMBER 1 LOS ANGELES**
213.353.3610 www.BlackAIDS.org


MY GOAL: TO KEEP HIV
UNDETECTABLE

**I wanted therapy that keeps on working.**

And I got what I wanted the first time. Resistance-minimizing therapy that puts me in control.

Talk to your doctor about therapy that can help keep HIV undetectable.

AbbottVirology™
*From Research to Reality*

For more information visit www.abbottvirology.com

Abbott Laboratories
Abbott Park, IL 60064

©2002, Abbott Laboratories

021-036-4822-3 October 2002 Printed in U.S.A.

# publisher's letter

When we consider all that that we have endured, experienced and learned in this year, our response is singular. Whew! At times, there have been challenges that defied causal commitment demanding strength that exceeded our human capacity.

In truth, there where times when we questioned our vision and wondered aloud "where are the resources." But with every challenge came a unique opportunity to mature in wisdom, knowledge and most importantly to grow in faith.

This month we celebrate the second anniversary of ARISE Magazine. Our publication expanded from sixty-eight to one hundred pages, with full color. And much like any other form of growth, it was not always comfortable but certainly worth the end result.

In the moments where we were most challenged, our traditions surfaced almost unexpectedly, challenging us to hold on to the vision. We learned to believe in the face of doubt, persevere in the light of adversity and aggressively cling to our dream.

Our traditions are those elements of our culture that remind us of who we really are and what we genuinely believe about ourselves. We speak of traditions that have sustained us; such as enduring love, hope and faith.

As a diverse community, too often we allow others to determine what traditions belong to us. In some cases, we have even surrendered aspects of our heritage by allowing others to claim sole access to traditions that were intended to ensure our survival, those given to us by our ancestors such as prayer, tenacity and endurance.

There are those who have uttered to us "you have no place at this table." We challenge that claim today with the statement that the proverbial table, be it economic, political, familial, spiritual or otherwise, the table that really matters - has room enough for everyone. We embrace the tradition of "Radical Inclusivity."

And yet, it may be time to reflect on our traditions, if for no other reason than to assess their effectiveness in our present day life experience. Life may be asking us to reassess our dreams and consider what traditions will enable us to bring them into full fruition.

Remembering is perhaps one of the greatest traditions that we have in our global community. And so in honor of World AIDS Day we remember all the lives that have been touched by HIV/AIDS with an extraordinary volume of photography that we personally believe belongs in every home library, *"A Day in the Life of Africa."*

There is an amazing opportunity that lies before us. We can step into this present moment with our whole self, grab hold of our dreams - armed with our traditions and set about to live life completely, fully and demonstratively.

Wishing you thoughts of love, hope and peace

MacArthur H Flournoy G. Alexander

MacArthur H. Flournoy & Glenn Alexander
Publishers

*arise@arisemag.com*

# AFRICA

by Langston Hughes

Sleepy giant,
You've been resting awhile.
Now I see the thunder
And the lightning
In your smile.
Now I see
The storm clouds
In our waking eyes;
The thunder,
The wonder
And the young
Surprise.
Your every step reveals
The new stride
In your thighs.

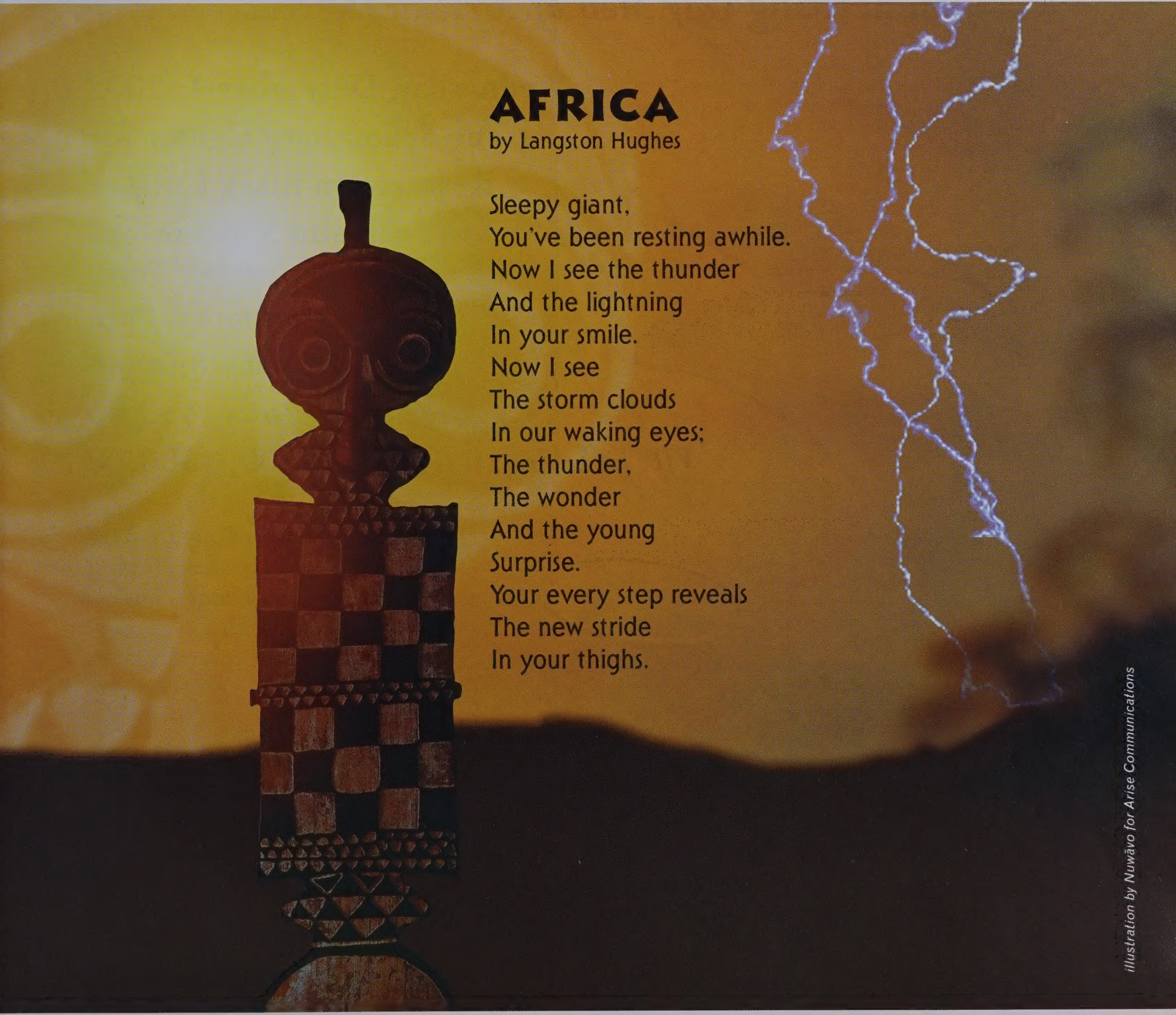


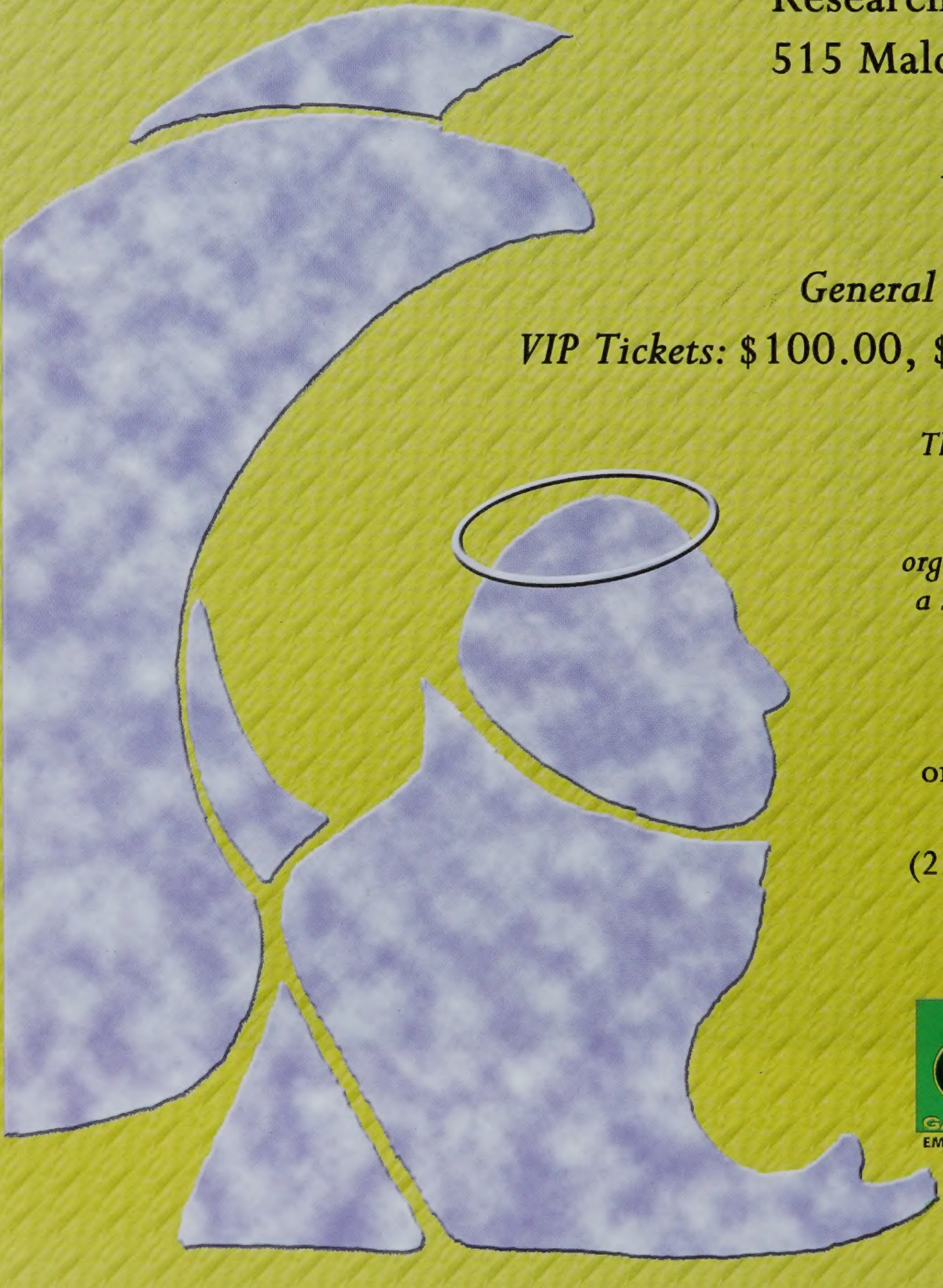
illustration by Nuwāvo for Arise Communications

# *The* 2002 Charles Angel Awards

## Benefiting *Gay Men of African Descent*

Wednesday, December 4, 2002
at The Schomburg Center for
Research in Black Culture
515 Malcolm X Boulevard
(at 135th Street)

*Reception:* 6:30pm
*Program:* 8:00pm
*General Admission:* $50.00
*VIP Tickets:* $100.00, $250.00, $500.00



*The* Charles Angel Award *is given in recognition of individuals and/or organizations that have made a significant contribution to the Black, gay community.*

To purchase tickets,
or for more information,
call Earl Plante at
(212) 828-1697, Ext. 129
or eplante@gmad.org

G M A D
GAY MEN OF AFRICAN DESCENT
**EMBRACING DIVERSITY/BUILDING COMMUNITY**
103 East 125 Street, Suite 503
New York, NY 10035-1641
www.gmad.org

photo by John Healy

ARISE

| | |
|---|---|
| EDITOR-IN-CHIEF | MacArthur H. Flournoy |
| MANAGING EDITOR | Glenn Alexander |
| FEATURES EDITOR | Akilah Monifa |
| WOMEN'S HEALTH EDITOR | Kimberly Hicks, MD |
| MEN'S HEALTH EDITOR | Dr. David Malebranche |
| NEXT GENERATION EDITOR | Tim'm T. West |
| ENTERTAINMENT EDITOR | Chaz Crowder |
| TRANSGENDER COMMUNITY EDITOR | Sharyn Grayson |
| CONTRIBUTING WRITERS | Loren R. Javier, Denise Liggett, Phill Wilson, Akilah Monifa, Sundiata Alaye, Hameed "Heru" Williams |
| CREATIVE DIRECTOR | Melissa Vega |
| ARTISTIC DIRECTOR | Mike Whiteside |
| ADVERTISING DIRECTOR | Glenn Alexander |
| FASHION EDITORS | Eric Hollis, John Mortimer, Oded Levy |

ARISE Magazine
1533 41st Street, Sacramento, CA 95819
phone: 916.454.2781 fax: 916.454.2789
email: arise@arisemag.com
www.arisemag.com

National Advertising Representative
Rivendell Marketing Company
212.242.6863

ARISE Magazine is published by ARISE Communications, Inc., 1533 41st Street, Sacramento, CA 95819. Founded in 2000.

The contents of ARISE Magazine may not be reproduced in any manner, either in whole or in part, without permission from the publisher. All rights reserved.

Letters to the editor, artwork, photography, manuscripts, and other correspondence may be submitted to ARISE Magazine at the above address. We cannot acknowledge or return materials unless accompanied by a stamped, self-addressed envelope. Allow at least three months for processing. Publication of the name or photograph of any person or organization in articles or advertisements in ARISE Magazine is not to be construed as any indication of the sexual orientation or the HIV/AIDS status of such person or organization.

The content and opinions expressed in ARISE are the sole responsibility of the authors and advertisers.

Gye Nyame is an Akan symbol that represents the omnipotence and the omnipresence of God and originates from Ghana, West Africa. ARISE Magazine embraces Gye Nyame to affirm the inherent spiritual nature of all African descended diverse people. While we acknowledge and honor the bountiful expression of our individual spiritual beliefs, Gye Nyame is offered as an articulation of our totality and collective strength to effect positive change.

# tradition and culture issue

December 2002 – V2 Issue 11

85

photo by Sean Drakes

## ARISE

publishers' letter 02

libation to the elders 03

table of contents 06

contributors page 08

back talk 09

features editor letter 10

## COVER STORY

a day in the life of africa 54

## FEATURES

thirty years of life, love and laughter 13
by MacArthur Flournoy

our common welfare: faye brown-sperling 17
by Akilah Monifa

fire and ink festival: a stunning celebration of black writers 25
by Brent Dorian Carpenter & Akilah Monifa

a tradition of giving: mother of peace orphanage, mutoko, zimbabwe 32
by MacArthur H. Flournoy

when santa doesn't visit 39
by D. Kevin McNeir

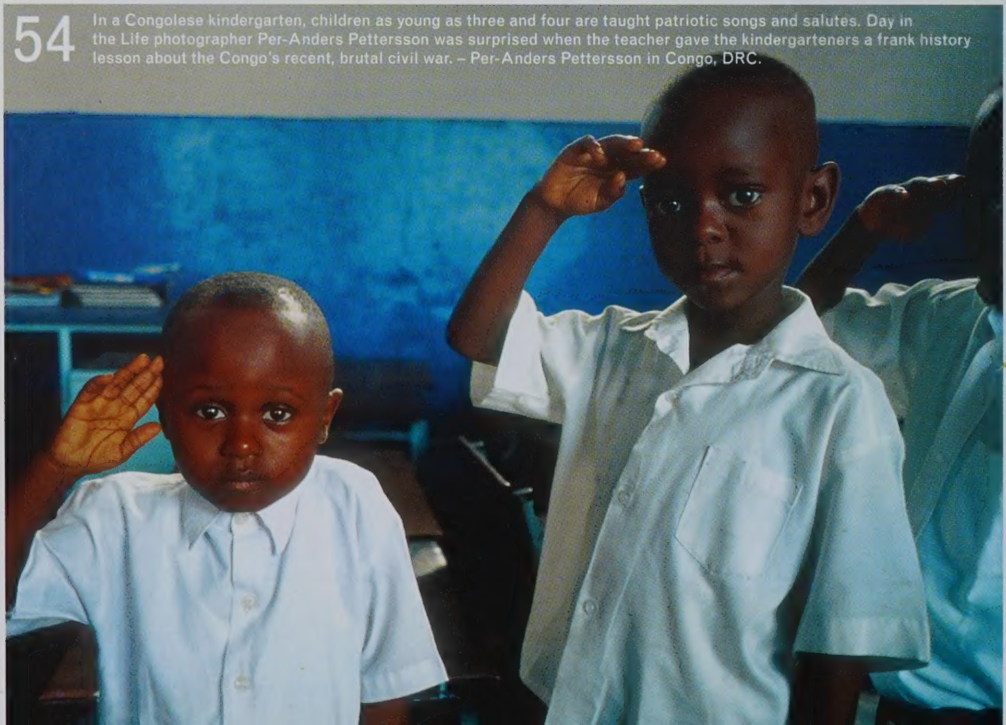
courage to love institute: zwazzi sowo and naomi prochovnick 43
by Akilah Monifa

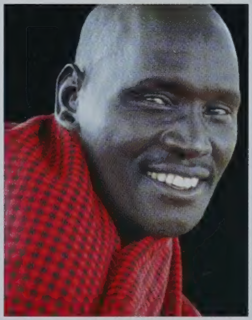
bodies of color 47
by Robert Bengston

I won't let nothing take me from my journey now 73
by Rodney Washington

6th annual U.S. conference on AIDS: when "reality land" came to anaheim 83
by Los Angeles County Office of AIDS

slam queen: stacey chinn 85
by Sean Drakes


54 In a Congolese kindergarten, children as young as three and four are taught patriotic songs and salutes. Day in the Life photographer Per-Anders Pettersson was surprised when the teacher gave the kindergarteners a frank history lesson about the Congo's recent, brutal civil war. – Per-Anders Pettersson in Congo, DRC.


COVER
Photograph:
Doug Menuez
in Tanzania

# contents

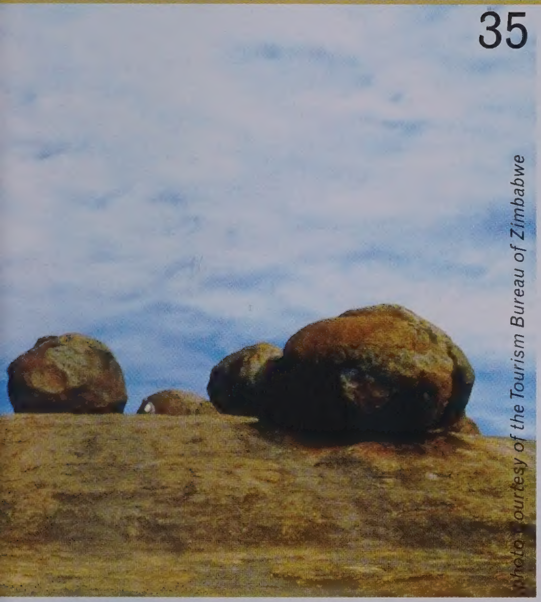


photo courtesy of the Tourism Bureau of Zimbabwe

## DEPARTMENTS

currency 21
passages 35
fashion 67
next generation 81
black men's health 91

## COLUMNS

the spirit reminds us 19
Sundiata Alayé
glaad: shirley q. liquor 41
Loren Javier
building our communities / building ourselves 45
by Hameed "Heru" Williams
transformations 78
by Sharyn Grayson
phill wilson 94

photo by Oded Levy

83
ECTIVE LEADERSHIP
UNITED VISI

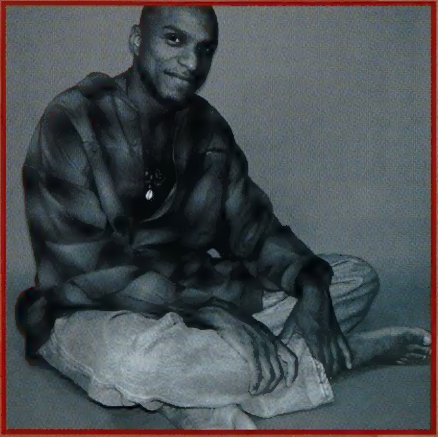
# contributors page

**Rodney Washington** lives in Blackwood, NJ. He attends Camden County College in pursuit of a liberal arts degree. He is also a spokesperson for the AIDS Coalition in South Jersey. Rodney shares a very personal and touching story of his own traditions and culture (page73).

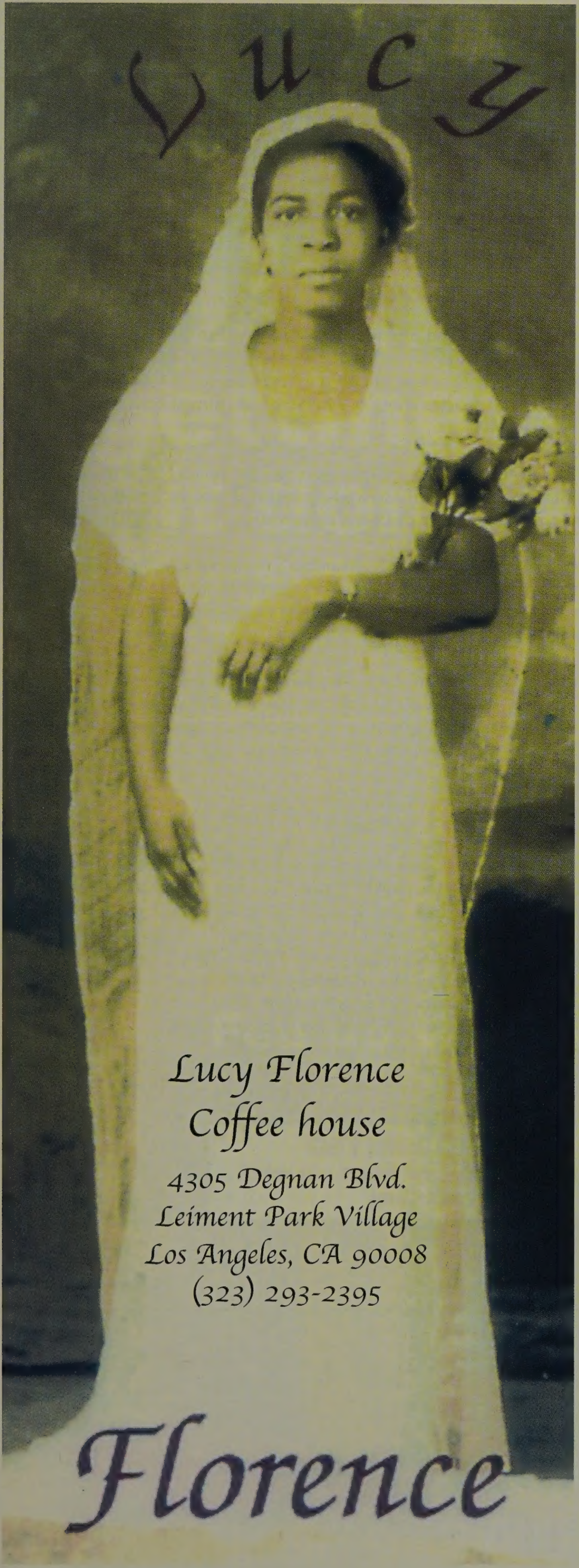
**Robert Bengtson** is a local photographer whose work finds him in a wide variety of arenas. From shooting commercial work in his Sausalito studio to projects overseas, to his most recent personal project, Bodies of Color (page 47) where he explores the human form and the color of skin in more ways than one. To see more of Robert's work, please visit his site via: *www.bengtsonphoto.com.*

*photo by Robert Gilliam*

**Sean Drakes** an ARISE veteran contributor (Cover – July 2001) travel and lifestyle photojournalist has lived out of a suitcase since leaving his photo editor position with a daily newspaper in 1996. In this issue Sean's shares an insightful conversation conducted with spoken word artist, Staceyann Chinn (page 85).



**Brent Dorian Carpenter** is a feature writer and biweekly columnist for Michigan's gay weekly newspaper Between The Lines and also covers the black LGBT community for the black weekly The Michigan Citizen. He has written and self-published two novels; "Man Of The Cloth" and "This Time Around." He resides in Detroit and is currently on book tour at several Black Pride celebrations east of the Mississippi through the fall. Brent collaborates with ARISE Features Editor, Akilah Monifa on a writers conference in Chicago "FIRE AND INK" (page25).


Lucy

Lucy Florence
Coffee house

4305 Degnan Blvd.
Leiment Park Village
Los Angeles, CA 90008
(323) 293-2395

Florence

## Kudos on Men's Health

As a health educator and counselor for Horizon Health Center of Jersey City, I am interested in learning more information that can assist me in delivering safe sex education to African American and Latino men. I also noticed that your health editor is Dr. David Malebranch. Earlier this year I had the opportunity to hear him speak on the panel at a discussion forum in Brooklyn, NY. His insights on black gay men and their sexual behavior were quite impressive. Keep up the excellent work!

Rodney Briggs
Educator/ Counselor

## Leadership Forum - Another Option to Consider

"Can the Leadership Forum be salvaged?" (September 2002) Not unless people are willing to think outside the box. Nowhere in that article did I see anyone ever question the need for the annual conference. It was presented as a given. Nor was there discussion of other services the Forum provides. If the turnout in Detroit is indicative of anything it may be that there is no great desire for a conference any more, but that shouldn't be taken to mean the Forum has no role to play.

Here in New York, we have a state-wide coalition of agencies and programs serving Black gay men, the New York State Black Gay Network, that provides technical assistance, training and coordination of state lobbying efforts around health and social policies. I believe the rightful place and most urgently needed role for the Forum is as a coordinator of public policy at the national level. The Forum could and should be working regularly with existing community-based Black LGBT organizations around the country, identifying our specific issues and needs, and developing grassroots lobbying strategies to turn those needs into laws and government funding. Less visible, but perhaps far more effective if done correctly.

But if all the Forum wants to do is stick to an annual conference schedule, they in fact may no longer be relevant.

Bernard J. Tarver
New York, NY

## Faux Pas!

Bravo Sean Drakes
In the September 2002 issue, the hot photography spread on 42nd Street, Photographer Sean Drake's name was inadvertently omitted during the production process. Sean's photography brings a vital and distinct perspective to ARISE. To view more of Sean Drakes' photography go to http://www.mybluemango.com

Renel Brooks-Moon Making History
In the November 2002 issue, Renel Brooks-Moon name was incorrectly spelled. Ms. Brooks-Moon deserves far too much respect for this error, as she is a prominent radio announcer, DJ, and the first woman in history to narrate the World Series. We apologize for this error.

# features editor letter

December brings us the end of Hanukkah, Winter solstice, Christmas, Kwanzaa, and New Year's Eve. *Arise's* theme fittingly is traditions and culture. Our features include honoring one of our best traditions: long-term relationships. We also have several articles about our holiday and cultural celebrations.

December also brings 2002 to a close.
Some folks honor the tradition that how you end the year sets the tone of how you begin the New Year. It's also a time to remember those we have lost this year such as the musical poetry of June Jordan and the poetic music of Lionel Hampton.

And 2002 beginning in August brought none other than the prestigious *New York Times* listing same-sex unions. As of this writing, more than 140 newspapers have joined the NYT. I am personally waiting for *Jet Magazine* to announce same-sex unions, but the real question is, has anyone submitted anything to *Jet?*

The year also brought our people a number of firsts: Halle Berry became the first African-American woman to win an Oscar for Best Actress. Vonetta Flowers, the first African-American to win a medal at the winter Olympics. Venus Williams was the first African-American woman to receive the No. 1 ranking in the Women's Tennis Association (although she quickly lost that ranking to her younger sister, Serena)

And Fire and Ink presented another historic first, the first time LGBT writers gathered openly.

A Gallup poll in October finds that Americans think that 20 percent of us are gay. Definitely an increase from the last reported numbers and the census. And this is somewhat reflected in the fiction world with the following African-American gay and lesbian characters on television: Mathew St. Patrick (Keith on HBO's "Six Feet Under") Sonja Sohn (Shakima Greggs on HBO's "The Wire") and Michael K. Williams, (Omar on HBO's "The Wire") (although he plays a gay drug dealer out for revenge for the murder of his lover) Michael Jace (Julien Lowe on FX's "The Shield") (although he is conflicted about being gay and wants to be "ungay" At least he is there. And so it goes. Hope your 2002 is/was all you wanted to be.

A true wish for peace on earth,

Akilah Monifa

Akilah Monifa
Features Editor

# HIV+?

## Fed up with feeling worn out?

**GETTING HELP STARTS HERE.**
Take the short test on the other side of this card, and take it to your doctor.

PROCRIT®
EPOETIN ALFA

## TAKE THIS SHORT TEST.
## Find out if anemia might be stopping you from getting things done.

**How much, if at all, does your health now limit you in the following activities?**

1. The kind or amount of vigorous activities you can do, like lifting heavy objects, running, or participating in strenuous sports.

   ☐ YES, limited a lot
   ☐ YES, limited a little
   ☐ NO, not limited at all

2. The kind or amount of moderate activities you can do, like moving a table, or carrying groceries.

   ☐ YES, limited a lot
   ☐ YES, limited a little
   ☐ NO, not limited at all

3. Walking uphill or climbing a few flights of stairs.

   ☐ YES, limited a lot
   ☐ YES, limited a little
   ☐ NO, not limited at all

4. Eating, dressing, bathing, or cooking a meal.

   ☐ YES, limited a lot
   ☐ YES, limited a little
   ☐ NO, not limited at all

5. Your social activities, like visiting with friends and family.

   ☐ YES, limited a lot
   ☐ YES, limited a little
   ☐ NO, not limited at all

If you answered "YES, LIMITED A LOT" or "YES, LIMITED A LITTLE" to most questions, you may have anemia.

**SHOW THIS TEST TO YOUR DOCTOR, AND ASK IF YOU SHOULD HAVE A BLOOD TEST.**

If you do have anemia, he or she can decide what treatment, if any, is right for you.

See important safety and product information on the accompanying advertisement.

Manufactured by Amgen Inc., Thousand Oaks, California 91320-1789
Distributed by: **Ortho Biotech Products, L.P.**, Raritan, New Jersey 08869-0670

PROCRIT®
EPOETIN ALFA

# I'm getting it done AGAIN

## If you don't have the energy to do the things you used to do, **ASK YOUR DOCTOR about your red blood cell count.**

## You may have anemia.

Feeling good isn't just about viral loads and T-cell counts. HIV and HIV medications (including AZT) can deplete your body's red blood cells and cause anemia. And anemia can make you feel tired and weak. Anemia affects 1 out of 4 people who are HIV+ and 3 out of 4 people with AIDS.

PROCRIT® (Epoetin alfa) is identical to the hormone your body naturally produces to increase your red blood cell count. More red blood cells can mean more energy.

It's a treatment that's been used for over 10 years and for more than 1 million patients. If you think anemia is stopping you from getting things done, ask your doctor if PROCRIT is right for you.

PROCRIT is an effective treatment for anemia induced by AZT-containing regimens in HIV patients. PROCRIT is proven and safe. In studies, side effects were similar in PROCRIT- and placebo-treated patients. PROCRIT is available by prescription only and is injected by your doctor or nurse. For complete details, see the Brief Prescribing Information on the following page.

**PROCRIT®**
EPOETIN ALFA
*Strength for Living®*

FOR ANEMIA INDUCED BY AZT-CONTAINING REGIMENS IN HIV PATIENTS

For more information, please call **1-888-839-5891** or visit **www.PROCRIT.com**

Manufactured by Amgen Inc., Thousand Oaks, California 91320-1789
Distributed by: **Ortho Biotech Products, L.P.,** Bridgewater, New Jersey 08807-0914

BRIEF SUMMARY OF PRESCRIBING INFORMATION INDICATED FOR THE TREATMENT OF ANEMIA IN ZIDOVUDINE-TREATED HIV-INFECTED PATIENTS

# PROCRIT®

## EPOETIN ALFA

### For Injection

FOR FULL PRESCRIBING INFORMATION FOR ALL INDICATIONS, REFER TO THE PHYSICIANS' DESK REFERENCE®

### INDICATIONS AND USAGE

PROCRIT® (Epoetin alfa) is indicated for the treatment of anemia related to therapy with zidovudine in human immunodeficiency virus (HIV)-infected patients. PROCRIT is indicated to elevate or maintain the red blood cell level [as manifested by the hematocrit (HCT) or hemoglobin determinations] and to decrease the need for transfusions in these patients. PROCRIT is not indicated for the treatment of anemia in HIV-infected patients due to other factors such as iron or folate deficiencies, hemolysis or gastrointestinal bleeding, which should be managed appropriately.

PROCRIT, at a dose of 100 U/kg 3 times per week (TIW), is effective in decreasing the transfusion requirement and increasing the red blood cell level of anemic, HIV-infected patients treated with zidovudine, when the endogenous serum erythropoietin level is ≤500 mU/mL and when patients are receiving a dose of zidovudine ≤4200 mg/week.

### CONTRAINDICATIONS

PROCRIT is contraindicated in patients with:

1) Uncontrolled hypertension.
2) Known hypersensitivity to mammalian cell-derived products.
3) Known hypersensitivity to Albumin (Human).

### WARNINGS

**Pediatric Use:** The multidose preserved formulation contains benzyl alcohol. Benzyl alcohol has been reported to be associated with an increased incidence of neurological and other complications in premature infants, which are sometimes fatal. PROCRIT therapy has not been linked to exacerbation of hypertension, seizures, and thrombotic events in HIV-infected patients.

### PRECAUTIONS

The parenteral administration of any biologic product should be attended by appropriate precautions in case allergic or other untoward reactions occur (see CONTRAINDICATIONS). In clinical trials, while transient rashes were occasionally observed concurrently with PROCRIT therapy, no serious allergic or anaphylactic reactions were reported. (See ADVERSE REACTIONS for more information regarding allergic reactions.)

The safety and efficacy of PROCRIT therapy have not been established in patients with a known history of a seizure disorder or underlying hematologic disease (eg, sickle cell anemia, myelodysplastic syndromes, or hypercoagulable disorders).

In some female patients, menses have resumed following PROCRIT therapy; the possibility of pregnancy should be discussed and the need for contraception evaluated.

**Hematology:** Exacerbation of porphyria has been observed rarely in patients with chronic renal failure (CRF) treated with PROCRIT. However, PROCRIT has not caused increased urinary excretion of porphyrin metabolites in normal volunteers, even in the presence of a rapid erythropoietic response. Nevertheless, PROCRIT should be used with caution in patients with known porphyria.

In preclinical studies in dogs and rats, but not in monkeys, PROCRIT therapy was associated with subclinical bone marrow fibrosis. Therefore, zidovudine-treated HIV-infected patients should have HCT measured once a week (QW) until HCT has been stabilized, and measured periodically thereafter.

**Delayed or Diminished Response:** If the patient fails to respond or to maintain a response to doses within the recommended dosing range, the following etiologies should be considered and evaluated: 1) Iron deficiency: Virtually all patients will eventually require supplemental iron therapy (see Iron Evaluation). 2) Underlying infectious, inflammatory, or malignant processes. 3) Occult blood loss. 4) Underlying hematologic diseases (ie, thalassemia, refractory anemia, or other myelodysplastic disorders). 5) Vitamin deficiencies: folic acid or vitamin B12. 6) Hemolysis. 7) Aluminum intoxication. 8) Osteitis fibrosa cystica.

**Iron Evaluation:** During PROCRIT therapy, absolute or functional iron deficiency may develop. Functional iron deficiency, with normal ferritin levels but low transferrin saturation, is presumably due to the inability to mobilize iron stores rapidly enough to support increased erythropoiesis. Transferrin saturation should be at least 20% and ferritin should be at least 100 ng/mL.

Prior to and during PROCRIT therapy, the patient's iron status, including transferrin saturation (serum iron divided by iron binding capacity) and serum ferritin, should be evaluated. Virtually all patients will eventually require supplemental iron to increase or maintain transferrin saturation to levels which will adequately support erythropoiesis stimulated by PROCRIT.

**Drug Interactions:** No evidence of interaction of PROCRIT with other drugs was observed in the course of clinical trials.

**Carcinogenesis, Mutagenesis, and Impairment of Fertility:** Carcinogenic potential of PROCRIT has not been evaluated. PROCRIT does not induce bacterial gene mutation (Ames Test), chromosomal aberrations in mammalian cells, micronuclei in mice, or gene mutation at the HGPRT locus. In female rats treated intravenously (IV) with PROCRIT, there was a trend for slightly increased fetal wastage at doses of 100 and 500 U/kg.

**Pregnancy Category C:** PROCRIT has been shown to have adverse effects in rats when given in doses 5 times the human dose. There are no adequate and well-controlled studies in pregnant women. PROCRIT should be used during pregnancy only if potential benefit justifies the potential risk to the fetus.

In studies in female rats, there were decreases in body weight gain, delays in appearance of abdominal hair, delayed eyelid opening, delayed ossification, and decreases in the number of caudal vertebrae in the F1 fetuses of the 500 U/kg group. In female rats treated IV, there was a trend for slightly increased fetal wastage at doses of 100 and 500 U/kg.

**Nursing Mothers:** Postnatal observations of the live offspring (F1 generation) of female rats treated with PROCRIT during gestation and lactation revealed decreases in body weight gain, delays in appearance of abdominal hair, eyelid opening, and decreases in the number of caudal vertebrae in the F1 fetuses of the 500 U/kg group. It is not known whether PROCRIT is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when PROCRIT is administered to a nursing woman.

**Pediatric Use:** See WARNINGS, Pediatric Use.

*Pediatric HIV-Infected Patients:* Published literature has reported the use of PROCRIT in 20 zidovudine-treated anemic HIV-infected pediatric patients ages 8 months to 17 years, treated with 50 to 400 U/kg subcutaneously (SC) or IV, 2 to 3 times per week (BIW to TIW). Increases in hemoglobin levels and in reticulocyte counts, and decreases in or elimination of blood transfusions were observed.

**Hypertension:** Exacerbation of hypertension has not been observed in zidovudine-treated HIV-infected patients treated with PROCRIT. However, PROCRIT should be withheld in these patients if preexisting hypertension is uncontrolled, and should not be started until blood pressure (BP) is controlled. In double-blind studies, a single seizure has been experienced by a patient treated with PROCRIT.

### ADVERSE REACTIONS

Adverse events reported in clinical trials with PROCRIT in zidovudine-treated HIV-infected patients were consistent with the progression of HIV infection. In double-blind, placebo-controlled studies of 3-months duration involving approximately 300 zidovudine-treated HIV-infected patients, adverse events with an incidence of ≥10% in either patients treated with PROCRIT or placebo-treated patients were:

Percent of Patients Reporting Event: Event followed by Patients Treated With PROCRIT (N=144) first, Placebo-Treated Patients (N=153) second:
Pyrexia 38%, 29%; Fatigue 25%, 31%; Headache 19%, 14%; Cough 18%, 14%; Diarrhea 16%, 18%; Rash 16%, 8%; Congestion, Respiratory 15%, 10%; Nausea 15%, 12%; Shortness of Breath 14%, 13%; Asthenia 11%, 14%; Skin Reaction (Administration Site) 10%, 7%; Dizziness 9%, 10%.

There were no statistically significant differences between treatment groups in the incidence of the above events.

In the 297 patients studied, PROCRIT was not associated with significant increases in opportunistic infections or mortality. In 71 patients from this group treated with PROCRIT at 150 U/kg TIW, serum p24 antigen levels did not appear to increase. Preliminary data showed no enhancement of HIV replication in infected cell lines in vitro.

Peripheral white blood cell and platelet counts are unchanged following PROCRIT therapy.

**Allergic Reactions:** Two zidovudine-treated HIV-infected patients had urticarial reactions within 48 hours of their first exposure to study medication. One patient was treated with PROCRIT and one was treated with placebo (PROCRIT vehicle alone). Both patients had positive immediate skin tests against their study medication with a negative saline control. The basis for this apparent preexisting hypersensitivity to components of the PROCRIT formulation is unknown, but may be related to HIV-induced immunosuppression or prior exposure to blood products.

**Seizures:** In double-blind and open-label trials of PROCRIT in zidovudine-treated HIV-infected patients, 10 patients have experienced seizures. In general, these seizures appear to be related to underlying pathology such as meningitis or cerebral neoplasms, not PROCRIT therapy.

### OVERDOSAGE

The maximum amount of PROCRIT that can be safely administered in single or multiple doses has not been determined. Doses of up to 1500 U/kg TIW for 3 to 4 weeks have been administered to adults without any direct toxic effects of PROCRIT itself. Therapy with PROCRIT can result in polycythemia if the HCT is not carefully monitored and the dose appropriately adjusted. If the suggested target range is exceeded, PROCRIT may be temporarily withheld until the HCT returns to the suggested target range; PROCRIT therapy may then be resumed using a lower dose (see DOSAGE AND ADMINISTRATION). If polycythemia is of concern, phlebotomy may be indicated to decrease the HCT.

### DOSAGE AND ADMINISTRATION

Prior to beginning PROCRIT, it is recommended that the endogenous serum erythropoietin level be determined (prior to transfusion). Available evidence suggests that patients receiving zidovudine with endogenous serum erythropoietin levels >500 mU/mL are unlikely to respond to therapy with PROCRIT.

**Starting Dose:** For adult patients with serum erythropoietin levels ≤500 mU/mL who are receiving a dose of zidovudine ≤4200 mg/week, the recommended starting dose of PROCRIT is 100 U/kg as an IV or SC injection TIW for 8 weeks. For pediatric patients, see PRECAUTIONS, Pediatric Use.

**Increase Dose:** During the dose adjustment phase of therapy, the HCT should be monitored weekly. If the response is not satisfactory in terms of reducing transfusion requirements or increasing HCT after 8 weeks of therapy, the dose of PROCRIT can be increased by 50-100 U/kg TIW. Response should be evaluated every 4-8 weeks thereafter and the dose adjusted accordingly by 50-100 U/kg increments TIW. If patients have not responded satisfactorily to a PROCRIT dose of 300 U/kg TIW, it is unlikely that they will respond to higher doses of PROCRIT.

**Maintenance Dose:** After attainment of the desired response (ie, reduced transfusion requirements or increased HCT), the dose of PROCRIT should be titrated to maintain the response based on factors such as variations in zidovudine dose and the presence of intercurrent infectious or inflammatory episodes. If the HCT exceeds 40%, the dose should be discontinued until the HCT drops to 36%. The dose should be reduced by 25% when treatment is resumed and then titrated to maintain the desired HCT.

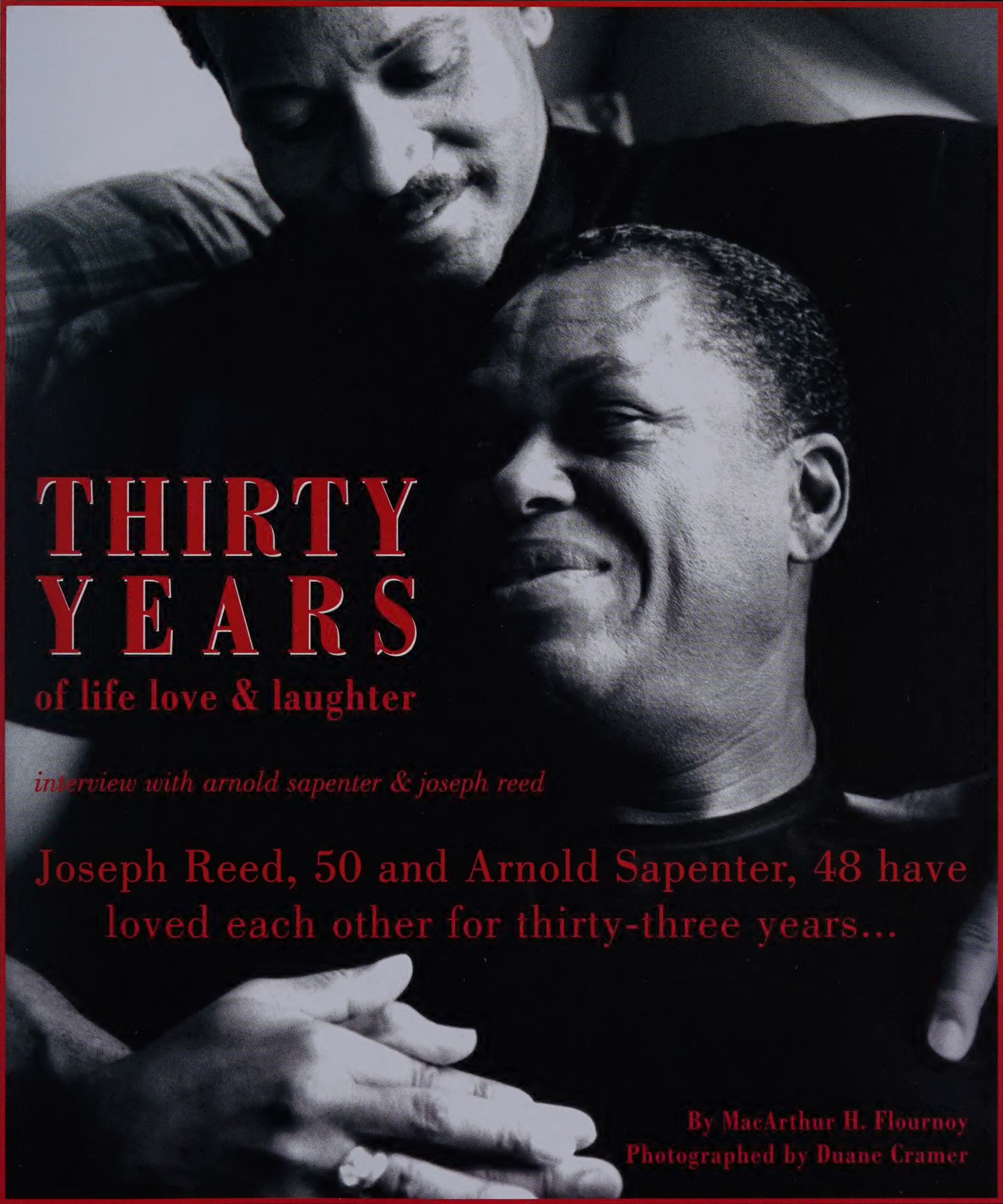
### STORAGE

**Store at 2° to 8°C (36° to 46°F). Do not freeze or shake.**

◆

ORTHO BIOTECH

Manufactured by: Amgen Inc., US Lic. # 1080, Thousand Oaks, California 91320-1789
Distributed by: **Ortho Biotech Products, L.P.**, Raritan, New Jersey 08869-0670
December 2000
638-29-979-9BH



# THIRTY YEARS

## of life love & laughter

*interview with arnold sapenter & joseph reed*

Joseph Reed, 50 and Arnold Sapenter, 48 have loved each other for thirty-three years...

By MacArthur H. Flournoy

Photographed by Duane Cramer

Aboard a bus headed home for the Christmas Holidays, in the winter of 1969, Arnold Sapenter and Joseph Reed began a journey that would go far beyond their immediate destinations, but in fact would lead them to a life of longevity, prosperity, love and success.

Both men were students at Wisconsin University. Joseph was a junior, as an exchange student from Texas University, while Arnold was a freshman.

Shortly after meeting something signaled Arnold that this was a ride that was destined to go much further. "I tried to change my flight so that I could continue traveling with Joseph," remarked Sapenter.

But if the adage "delay does not mean denial" holds any genuine meaning, then truer words could not describe the future that lay ahead for the duo.

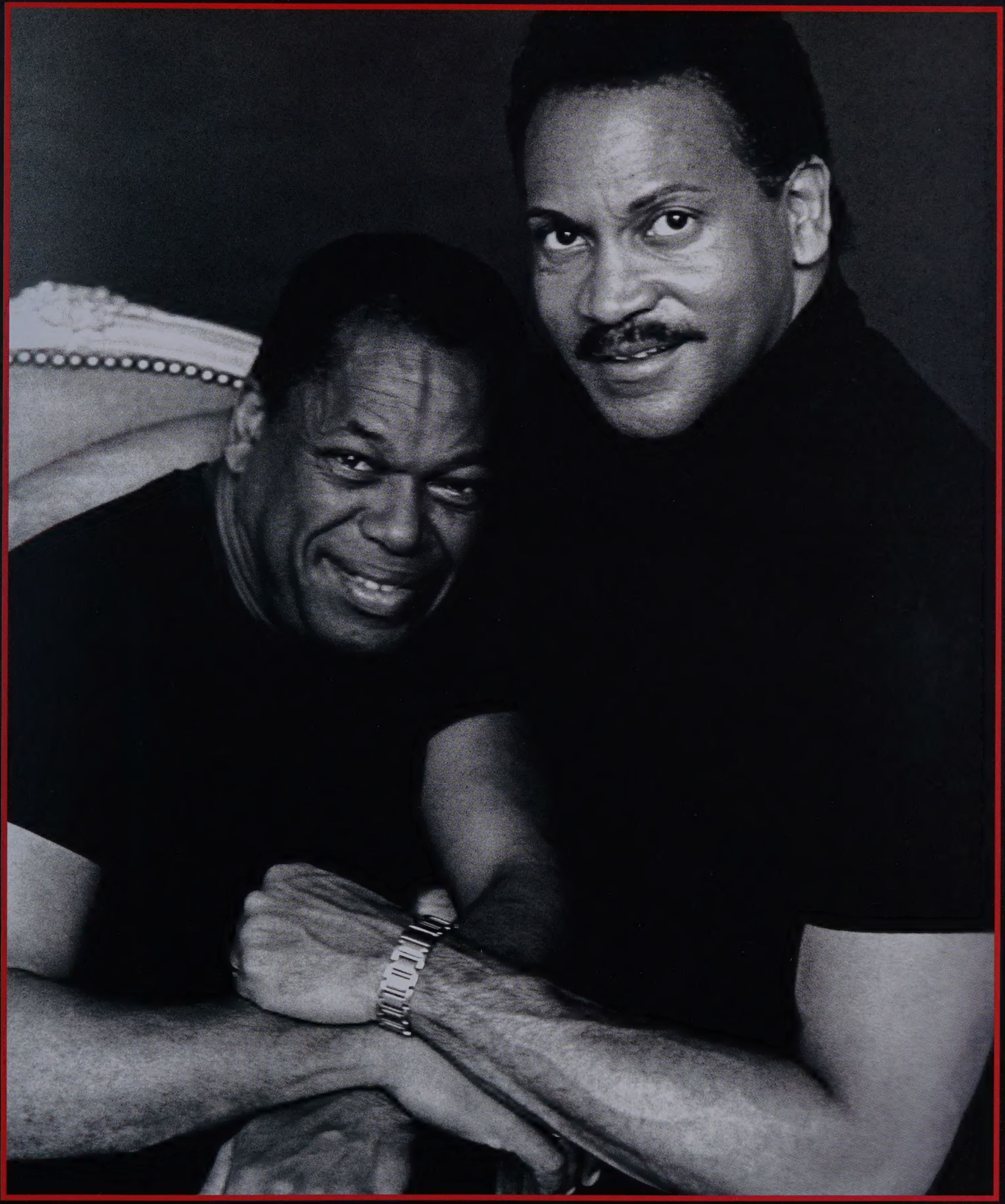
Upon returning to school after winter break the two would meet again in a class on comparative politics. No less fateful, they were assigned to the same dormitory in 1970. "We spent spring break together over Easter weekend." We call that "Good Friday" remarked Reed.

"In 1970 people were very open and looking for new ways to relate to each other. The University of Wisconsin was considered very advant garde. Every one wanted to know someone black and someone gay. Being gay was not the issue, being black was more of an issue. People see us more as black men than they do as black gay men," reflected Reed.

At the time, Joseph had a received a full scholarship to Purdue. "I was packing but I kept telling my mother I'm not going there. I had my mind focused on Arnold. Then the letter of acceptance to grad school from Wisconsin University came in and the rest as they say is history."

Reed, the Dean of Academic Affairs at a Massachusetts University and Sapenter, the Director of Diversity of the Massachusetts Environmental Protection Agency, acknowledge the complex intersection between race, class, sexual orientation and ethnicity.

"We have always been able to get the best in terms of housing or other aspects of life. I think its because we are gay... notes Sapenter. Reflecting further, he offers, "I believe it has more to do with our professional background, education, economics, privilege and class. After those things people are much more accepting of gays."



Education has always been the equalizer. For young gay men today, having an education makes it easier in the United States. A major difference today is that there is a kind of segregation among black gay men based on class and education," remarked Reed.

And while the two are insightful about the opportunities their success has brought them, they are no less aware of the challenges that come with the terrain of achievement.

> "Commitment is terribly important. Compatibility is vital; you must have similar values, goals & aspirations."

"People are becoming more compartmentalized. Among gay men there is ageism, as you get older. If you have more money or resources people put you in a certain category. Over time maintaining the kind of relationships becomes harder."

"When we give parties we welcome a very diverse group of people. We have had to work very hard to have black men as friends because of economic. But our parties are very mixed and vibrant. People love meeting men of color."

"We are known as community builders. We are committed to building a family. There's always a core of people we see. The AIDS epidemic took its toll on people our age. We lost a lot of friends. Now people have issues that really get in the way of being connected. Race, health, age, class & economics are all things we have to contend with to remain connected."

Over the course of their thirty-plus year partnership, Reed and Sapenter have observed certain trends and dynamics that appear to be common to gay men in general and black men in particular.

"We find that our friends move away from each other when we are distressed. They don't realize the value of being together whether or not we are in distress. White gay men do the same."

Without a doubt, Reed comes across as the more loquacious of the two, with Sapenter often deferring but no less engaged in the conversation. And perhaps that is one of the secret ingredients to the success of this relationship that has endured over time.

According to Reed, "Our initial commitment was to stay together as long as it was good. Working at it over time, we have spheres of influence. When you have this, you don't have jealousy is terms of success. This is especially true of gay men. We each bring something to the relationship. We don't compete."

Sapenter builds on Reeds thought. "Commitment is terribly important. Compatibility is vital; you must have similar values, goals & aspirations. We are committed to building a family. Reed in true spousal rhythm completes the thought. It's about "being equally yoked." You have to like each other and love each other."

Theirs is not a relationship without the essential element of intimacy or being grounded in the reality of basic needs for all human beings.

You really have to have a good sexual relationship. It really gets you through the difficult times. We can't diminish that good sex is part of good health. Sexuality is important to having a healthy relationship. Sexuality that is unfulfilled and incorrectly channeled is what causes problems. If there is no erotic passion then the fire for the relationship is lost" notes Reed.

"When you are truly intimate with someone there is life and love of passion. You have to understand sex in the context of the relationship."

Joseph puts it succinctly with laughter and boldness: "Bottom line: Good sex is good sex."

Each man has his own domain and personal interest. For Arnold, when he is not preoccupied with his duties as a board member of a Massachusetts AIDS service organization, or trustee of a art institute or serving in his role as President of the National Forum of Black Public Administrators, you will find him gardening, cooking, collecting art and other civic duties.

Joseph on the other hand is inundated with the affairs of academic life, and his active role as a member of a Pentecostal Church were he is one of the principal musicians. A gregarious and hospitable man, Joseph seems most comfortable when he is hosting a guest in their home or entertaining friends, colleagues and acquaintances.

"There must be respect for boundaries," states Reed.

"It is important to set goals for career and personal life. It's equally important to create more financial security as you mature." remarks Sapenter.

Reed builds on the thought. "Make a commitment to yourself and your well being first, then after you have made that commitment, the fruits of that will allow you to help others. Learn to love yourself first, and then learn to love someone else."

Reed understands the magnitude of their interdependence, while appreciating the balance individuals must bring to the relationship. "We literally have no one else to depend on but each other. It's important to be committed to yourself. If you can't take care of yourself, you can't take care of anyone. If I'm whole, then I'm alive to take care of someone else."

In considering their future and what lies ahead, both men will tell you in terms of their relationship "We don't put limitations on it. Our goal is to teach gay men to love themselves."

Walking through life as friends, partners, lovers and companions, both Reed and Sapenter share a philosophy about living that is characteristic of their wisdom and indicative of their lessons learned in life thus far.

"When you set forth an intention, the intention is always manifest. Every thing stems from our intentions. You have to will for your life. It is your intention and your will that moves you to the pathway. The intention is always manifest."

As only one who is wise and learned about life can, Reed offers one final thought in the form of a question: "What do you intend for your life?"

# Our Common Welfare:

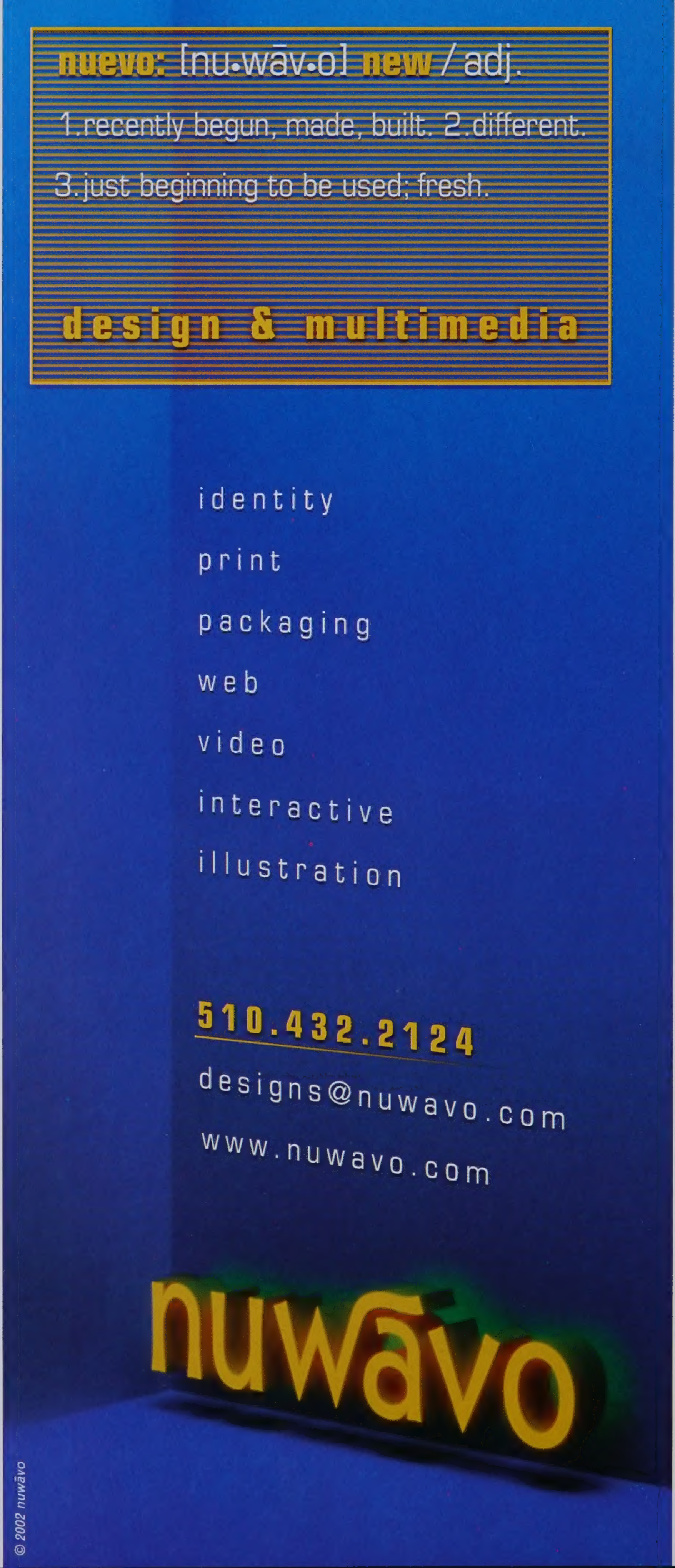
## Faye Brown-Sperling

### By Akilah Monifa

Faye Brown-Sperling is co-founder (along with her husband, sister and others) and executive director of "Our Common Welfare." OCW, as it is most commonly referred, serves men and women who have or are at-risk for HIV/AIDS and/or substance abuse. They primarily target is the African American population. The breakdown of clients are 90% African Americans, 80% male, 20% female, 40% gay/bisexual/transgender men and less than 1% self-identified lesbian. All the folks served are below the federal poverty level. OCW provides community activities such as outreach and HIV counseling and testing. Their mission is "to provide quality education and supportive services for persons who have or are at-risk for HIV/AIDS and/or substance abuse, their families, significant others and the community at-large' and to empower each individual to live healthy, productive lifestyles with dignity and respect."

The organization was literally started in Ms. Brown-Sperling's living room in 1988 after a mere two years of her being clean and sober and wanting to start an organization that was a support system for folks in recovery. Since then the organization has gone on to received the 2001 National Life Award for their community HIV testing activities. That year they tested 1,927 people and had an amazing 86% of them return for the results as compared with the norm of 18%.

She is rare, a woman running an HIV program. She feels that men and sometimes women underestimate her. An army brat born in Little Rock Arkansas, she completed high school in Germany. She is small in stature, but not in ideas. She feels that OCW is her calling and even prayed for direction from God at a time when her life appeared to be directionless. Her work is all consuming and a self-professed workaholic, she admits that her personal life has suffered but her husband and family understand and support her. "They participate in OCW . . . at every level and are constant emotional and spiritual support." She is also a "recovering person," clean and sober since 1986. She learned that a man she used to shoot



nuevo: [nu•wāv•o] new / adj.
1. recently begun, made, built. 2. different.
3. just beginning to be used; fresh.

design & multimedia

identity
print
packaging
web
video
interactive
illustration

510.432.2124
designs@nuwavo.com
www.nuwavo.com

nuwāvo

© 2002 nuwāvo

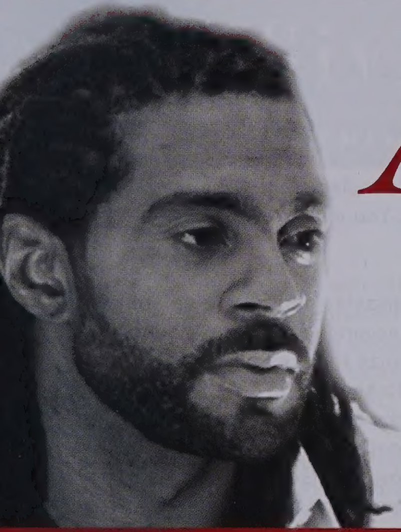
drugs with had AIDS. At that time in the eighties she was shocked, she viewed AIDS as a white gay man's disease. She was living in Los Angeles during the time she was using and thought addicted people lived in New York and shot up in ally ways and were homeless and didn't take care of their families. In retrospect she viewed herself as a "functioning addict" although she was a junkie, she maintained jobs for a great deal of the time of her addiction.

Brown-Sperling's main concern in the late eighties was dodging herpes. She left Los Angeles for Atlanta because she had family there. Shortly thereafter she literally asked God what he wanted her to do with her life. The answer came in the form of OCW. The term "our common welfare" derives from the 12-step programs and the concept that we are not alone and isolated and that we must work for the common welfare of the community for any individual to be whole as well.

So OCW started simply in her living room providing support group for folks to talk. She self-funded at first, simply providing doughnuts, coffee, and fried chicken. Today the staff is 30, 26 of those full time. OCW has and is funded by the Center for Disease Control, Ryan White, board of Health, the county and other grants and foundations. There is short and long-term housing as well as HIV testing and counseling. And of course, the mainstay, "Here's to Life" meetings/support group still continues on Wednesday nights. Brown-Sperling has a penchant for focus groups as she firmly believes in asking the targeted folks what they want and what type of program(s) they will participant in.

Through OCW Faye believes that she is "giving people an opportunity to realize their dreams." Her own hopes and dreams for OCW is that in "five years OCW has exceeded both our consumers and my expectations as far as becoming a full service agency. We currently do not have medical staff. I plan that we will be successful in strategic planning for the longevity of this agency." She needs to help someone every day and thinks that "dreams are so very necessary in the face of adversity." Her clients motivate her tremendously. "When they graduate drug treatment, when their immune system function improves, when they stop being scared of HIV, when they come back having been hired, and when they have a key to their own home in their hands. We have had weddings, folks have gotten Masters degrees and even greater . . . this is why I do what I do."

# A New Tradition:



# Actualizing the Power of God

### By Sundiata Alayé

Life has an incredible ebb and flow, and as a product of just living on this earth, we're exposed to a wealth of challenges and adversities on a daily basis. These adversities, whether they are our insecurities, loneliness, relationship issues, family clashes, illness, or however they may present themselves are a part of the experience of life. One thing is for sure they do have the potential to bring with them such pain.

My life is no different. On most days, I feel as if I am completely together then suddenly one false move by someone or something and I simply fall apart. Similarly, there are days when I feel a sense of loneliness and even a sadness that can stop me in my tracks. Admittedly, these feelings don't visit with me as often as they used to, but when they do, I become consumed with the disappointments, the pain, and the emotional roller coaster ride that keeps me tied to confusion.

Those periods of uncertainty are difficult. And as it is with most of us, our defense mechanisms start immediately looking for a response to make the situation better and make whatever feelings we have subside. Unfortunately, we sometimes look to remove those feelings by either attacking, internalizing, or by avoiding having to deal with them. Other times we make every effort to forget it. We - for the most part - haven't been taught the necessary coping skills that would allow us to remove ourselves from an unhealthy situation or event. Instead, we normally say, "Forget it. Move on!" But moving on is not as easy or as effective as we would like to be and the issue or at least the pain caused by it eventually comes back in some way. We may or may not recognize it, but it comes back - only this time worse!

What I've learned - by a lot of painful trial and error - is that I've always had the answers tucked away inside me. I also understood that life

# the spirit reminds us

changes and there's nothing we can do about that. We find that there may be some harshness, or insensitivity coming from people around us. One moment they're nice, the next moment they're nasty. Today they may love us, but tomorrow they treat us like a stranger. One day life seems good and the next it's bad. One day you appreciate your body; the next all you can see is love handles, flab, and think your nose is way too big for your face. When people say or do things to us, it's not necessarily the person or even what they say that causes the most harm. It's the feeling we get when they do. It's the way the words make us feel that initiates our response and depending on where we are, whether we're having a good day or a bad day, we might be inclined to attack or we may just shrug it off. If we're met with rudeness or the callous attitude of others, our first instinct is to let them have it. And let them have it we will!

We'll yell back, or insult, or fire back with a response that is sure to "put them in their place." This kind of behavior is what we believe to be appropriate. We've been taught to fight fire with fire.

But what we think as our natural reactions to these situations are really unnatural reactions. Not only are they unnatural, but they also tend to be unreasonable because they go against our natural instincts to love and to forgive. These natural instincts have been buried beneath all of our fears and our pain. They are at the very root of our fears and our belief in separation. What ends up happening is amid all the drama is that you'll find your blood pressure rises, and your mood is destroyed.

Other times what happens when we don't strike back is that we internalize. We retreat. Yet, exerting the energy it takes to attack as well as the energy it takes to internalize only causes more harm than the events themselves. When we place this kind of power into the hands of others or into difficult events we become weak and vulnerable to all of life's dramas. Allowing our behaviors to be dictated by the behaviors of others and the flux of life's experiences is really no way to live. When you surrender the power over your mental wellness and stability you'll never be at peace. Instead, you become susceptible to the changes and challenges life presents, and at the point where you become disappointed by something that didn't go according to plan, you crumble under the pressure.

We have choices in life that we must make. Decisions about how to live, how to act, and how to respond to challenges that life can sometime present. What many of us don't realize is that there is another choice an opportunity to respond to these challenges and control the feelings that linger in the wake of them. That choice is complete forgiveness on our part; forgiveness of the event, the person, and us. This is a conscious spiritual choice we make to face a situation and overcome the feelings by staying grounded in love.

The fact is we're all faced with difficult times, heartaches, and heartbreaks. Sometimes we face them often, other times not so often. It's life, and you can't change that. But the one thing you can change is how you process these experiences - that is how you allow them to affect you. The amazing thing is that it simply requires you to consciously move yourself away from the feelings. You have to shift from pain to peace. You need a miracle.

Miracles are not just the thing that fantasies and fairytales are made of. Miracles are real. They happen all around us and they happen every day. We may not notice them or recognize them as such but they do. Miracles occur as we make an effort to see things clearly, to see things holy, and to interpret them in a more divine way. What this means is that we must ask for a miracle to happen before it will come. This is evidence of our faith in the incredible power of God. We have to believe that we can get beyond feelings and emotions as a result of our request to have them changed.

Our peace, our mental stability, and our emotional health are our responsibility. What this means simply is that nothing occurs on the outside of us! It simply means that nothing and no one has the ability to make us feel a certain way detrimental to sanity. It means that no matter what people say or do, or no matter how we may feel victimized by events, experiences, or disappointments in life, we have the ability to keep it away from our consciousness. People can't cause us pain. People can't make us moody, and people don't have the real power to change our disposition. To believe that they do is an immature way of looking at life.

The Spirit Reminds Us as we become more spiritually aware is that we have the ability to anchor ourselves deep in love and in control so that when the storms of life come, and they will come, you'll endure the rough seas and uncertain tides as they pass. With this anchor, you are immuned to passing dramas and the confusion that comes. That anchor is God. And when we depend on God, we not only allow miracles to happen, but we also witness and experience them in every moment.

# the benefits of Charitable Giving

### by Denise Liggett

There are many ways to share wealth with others: giving to children, grandchildren and charities are just a few examples. Many people wish to acknowledge the benefits they received from the educational process by contributing to their high school or college as alumni.

In addition to the joy of giving, there are a number of other incentives for charitable contributions. Charitable gifts can provide a significant income tax deduction in addition to the satisfaction of helping a worthy cause. And, when properly structured, such gifts may also enable the donor to avoid capital gains taxes, reduce or eliminate estate taxes and even diversify the giver's investment portfolio.

Some of these diverse objectives may be achieved through a type of tax-exempt trust known as a charitable remainder trust (CRT). In establishing a CRT, the donor receives:

- an income tax deduction for the present value of the trust's remainder interest directed to the charity;
- lifetime annual income for the donor and spouse;
- the principal of the trust distributed to a designated charity; and
- the donor's estate is reduced by the assets transferred into the original trust.

A CRT may offer substantial financial flexibility, even to middle-income bracket taxpayers who have held onto non-income producing assets, simply because they don't know about helpful alternatives. The donor often transfers appreciated but low-income or non-income producing assets to the trust to be converted into an income-producing portfolio without paying capital gains taxes on the sale.

A donor establishes a CRT by transferring debt-free assets into an irrevocable trust. If assets with debt attached, such as mortgaged real estate, are transferred into a trust, adverse tax consequences may endanger the tax-exempt status of the trust. Once the assets are sold by the trustee, the proceeds of the sale are invested in an income-producing portfolio. In the case of a married couple, this income can last until the death of the surviving spouse when the principal of the trust passes to the designated charity or charities.

Thus, appreciated stock, real estate or other appreciated assets can be converted into an income stream to provide college funds or retirement income while assisting a worthwhile charitable cause. Many financial experts feel that CRTs will continue to be a beneficial arrangement for both donors and recipients as the federal government looks increasingly to the private sector for financial support of social programs.

Because assets must be placed in an irrevocable trust to gain the full benefits of tax-exemption, the most likely candidates for CRTs are persons age 60 or older who are willing to give up ownership of assets to accomplish their financial goals.

The biggest objection to this strategy may be that heirs are overlooked in passing on some of a family's accumulated assets. This situation can be addressed by using a portion of the income generated by the CRT to purchase a "wealth replacement" life insurance policy equal to the value of the CRT. The proceeds of this policy can be arranged to pass free from both income and estate taxation if properly structured to the family's children or heirs at the death of the surviving spouse.

CRTs are governed by a complex network of regulations. To ensure both the charitable contribution and full tax benefits, a CRT must be structured by an experienced estate planning team which may include a lawyer, CPA, insurance professional and other financial specialists. Business owners, as well as families and individuals, can benefit from the use of CRTs in achieving charitable, as well as financial, objectives.

Denise L. Liggett 202-277-5835
Registered Representative of AXA Advisors,LLC and Agent of the Equitable Life Assurance Society of the United States.

This individual is an Investment Advisory Representative in MD, VA, DC and NJ and is licensed to sell insurance products, and is register to offer securities in those states

# **TRIZIVIR**—the only complete 3-drug HIV treatment in 1 tablet

## Details on use of TRIZIVIR

TRIZIVIR treats HIV infection alone or in combination with other HIV medicines. There is little information about its use in patients with large amounts (>100,000 copies) of virus in their blood. At this time, it's not known whether taking TRIZIVIR will slow the progress of HIV disease or help you live longer.

TRIZIVIR does not cure HIV infection/AIDS or prevent passing HIV to others.

## Important safety information

TRIZIVIR contains abacavir sulfate, which is also called ZIAGEN®. About 1 in 20 patients (5%) who take abacavir (as TRIZIVIR or ZIAGEN) will have a **serious allergic reaction** (hypersensitivity reaction) that **may cause death if the drug is not stopped right away.**

*You may be having this reaction if:*

**(1) you get a skin rash, or**

**(2) you get 1 or more symptoms from at least 2 of the following groups:**

- **Fever**
- **Nausea, vomiting, diarrhea, abdominal (stomach area) pain**
- **Extreme tiredness, achiness, generally ill feeling**
- **Sore throat, shortness of breath, cough**

If you think you may be having a reaction, **STOP taking TRIZIVIR and call your doctor right away.**

If you stop treatment with TRIZIVIR because of this serious reaction, **NEVER take abacavir (as TRIZIVIR or ZIAGEN) again.** If you take any of these medicines again after you have had this serious reaction, **you could die within hours.**

Some patients who have stopped taking abacavir (as TRIZIVIR or ZIAGEN) and who have then started taking abacavir again have had serious or life-threatening allergic (hypersensitivity) reactions. If you must stop treatment with TRIZIVIR for reasons other than symptoms of hypersensitivity, do not begin taking it again without talking to your healthcare provider. If your healthcare provider decides that you may begin taking abacavir (as TRIZIVIR or ZIAGEN) again, you should do so only in a setting with other people to get access to a doctor, if needed.

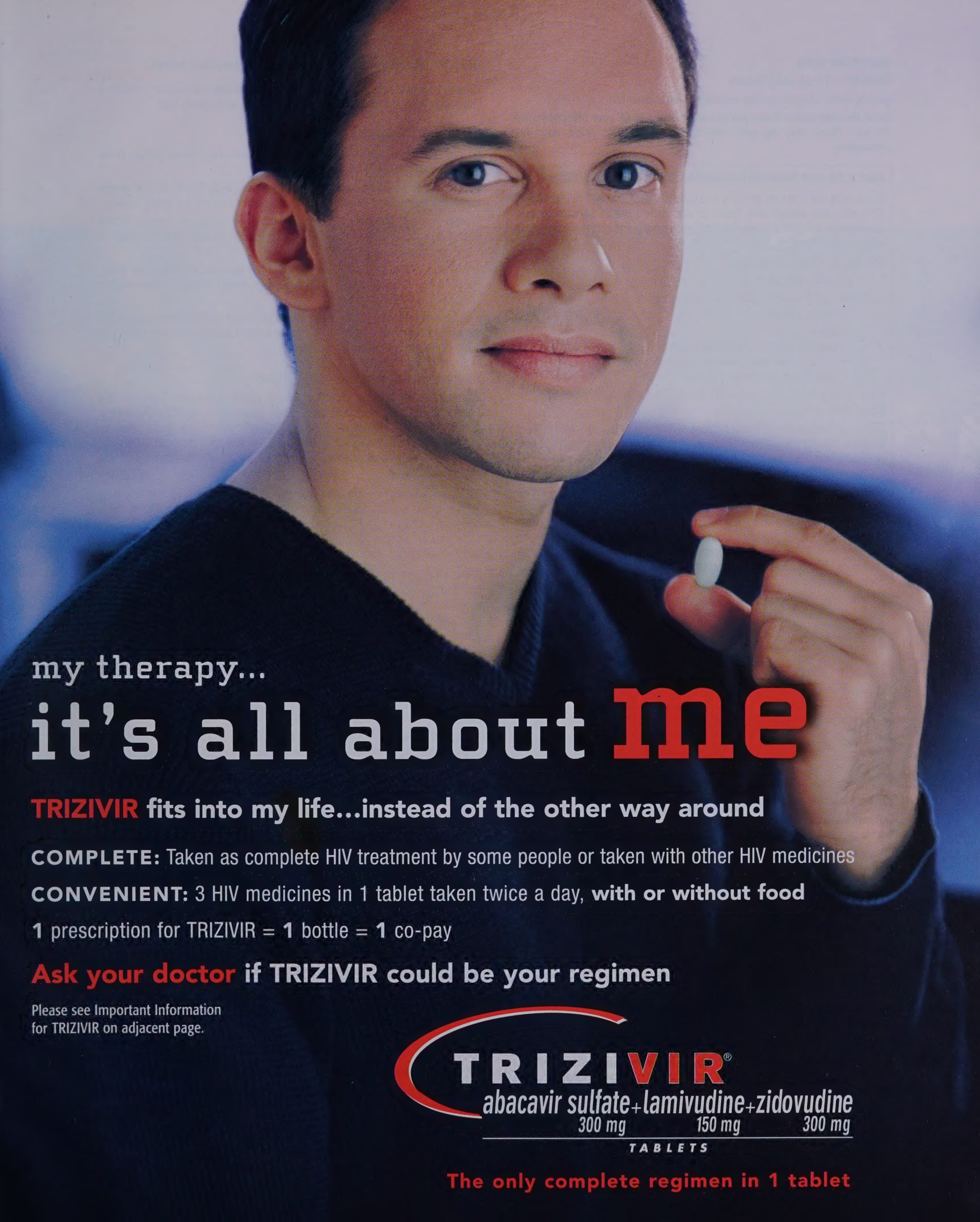
A written list of these symptoms is on the Warning Card your pharmacist gives you. Carry this Warning Card with you.

**Make sure to see your doctor regularly because serious side effects can occur, such as muscle damage and a decrease in red and/or white blood cells, especially in patients with advanced HIV disease or AIDS.**

**A buildup of lactic acid and severe liver problems, including fatal cases, have been reported with HIV drugs of this type, including the medicines in TRIZIVIR and other antiretrovirals.**

The most common side effects of taking the medicines in TRIZIVIR together are nausea, vomiting, diarrhea, loss of appetite, weakness or tiredness, headache, dizziness, pain or tingling of the hands or feet, and muscle and joint pain.

**www.TRIZIVIR.com** gsk GlaxoSmithKline



**TRIZIVIR fits into my life...instead of the other way around**

**COMPLETE:** Taken as complete HIV treatment by some people or taken with other HIV medicines

**CONVENIENT:** 3 HIV medicines in 1 tablet taken twice a day, **with or without food**

**1** prescription for TRIZIVIR = **1** bottle = **1** co-pay

**Ask your doctor if TRIZIVIR could be your regimen**

Please see Important Information
for TRIZIVIR on adjacent page.

TRIZIVIR®
abacavir sulfate+lamivudine+zidovudine
300 mg 150 mg 300 mg
TABLETS

**The only complete regimen in 1 tablet**

## MEDICATION GUIDE

**TRIZIVIR® (TRY-zih-veer) Tablets**

Generic name: abacavir sulfate, lamivudine, and zidovudine

***Read the Medication Guide you get each time you fill your prescription for Trizivir. There may be new information since you filled your last prescription.***

### What is the most important information I should know about Trizivir?

Trizivir contains abacavir, which is also called Ziagen®. About 1 in 20 patients (5%) who take abacavir (as Trizivir or Ziagen) will have a **serious allergic reaction** (hypersensitivity reaction) that **may cause death if the drug is not stopped right away**.

You may be having this reaction if:

***(1) you get a skin rash, or***

***(2) you get 1 or more symptoms from at least 2 of the following groups:***

- **Fever**
- **Nausea, vomiting, diarrhea, abdominal (stomach area) pain**
- **Extreme tiredness, achiness, generally ill feeling**
- **Sore throat, shortness of breath, cough**

If you think you may be having a reaction, **STOP taking Trizivir and call your doctor right away.**

If you stop treatment with Trizivir because of this serious reaction, **NEVER take abacavir (as Trizivir or Ziagen) again.** If you take any of these medicines again after you have had this serious reaction, **you could die within hours.**

Some patients who have stopped taking abacavir (as Trizivir or Ziagen) and who have then started taking abacavir again have had serious or life-threatening allergic (hypersensitivity) reactions. If you must stop treatment with Trizivir for reasons other than symptoms of hypersensitivity, do not begin taking it again without talking to your health care provider. If your health care provider decides that you may begin taking abacavir (as Trizivir or Ziagen) again, you should do so only in a setting with other people to get access to a doctor if needed.

A written list of these symptoms is on the Warning Card your pharmacist gives you. Carry this Warning Card with you.

Trizivir can have other serious side effects. Be sure to read the section below entitled "What are the possible side effects of Trizivir?"

### What is Trizivir?

Trizivir is a medicine used to treat HIV infection. Trizivir includes 3 medicines: Ziagen (abacavir), Epivir® (lamivudine or 3TC®), and Retrovir® (zidovudine, AZT, or ZDV).

All 3 of these medicines are called nucleoside analogue reverse transcriptase inhibitors (NRTIs). When used together, they help lower the amount of HIV in your blood. This helps to keep your immune system as healthy as possible so it can fight infection.

Different combinations of medicines are used to treat HIV infection. You and your doctor should discuss which combination of medicines is best for you.

Trizivir does not cure HIV infection or AIDS. Trizivir has not been studied long enough to know if it will help you live longer or have fewer of the medical problems that are associated with HIV infection or AIDS. Therefore, you must see your health care provider regularly.

### Who should not take Trizivir?

Do not take Trizivir if you have ever had a serious allergic reaction (a hypersensitivity reaction) to any of the medicines that make up Trizivir, especially Ziagen (abacavir). If you have had such a reaction, return all of your unused Trizivir to your doctor or pharmacist.

Do not take Trizivir if you weigh less than 90 pounds.

### How should I take Trizivir?

To help make sure that your anti-HIV therapy is as effective as possible, take your Trizivir exactly as your doctor prescribes it. Do not skip any doses. The usual dosage is 1 tablet twice a day. You can take Trizivir with food or on an empty stomach.

If you miss a dose of Trizivir, take the missed dose right away. Then, take the next dose at the usual scheduled time. Do not let your Trizivir run out. The amount of virus in your blood may increase if your anti-HIV drugs are stopped, even for a short time. Also, the virus in your body may become harder to treat.

### What should I avoid while taking Trizivir?

Do not take Epivir, Retrovir, Combivir®, or Ziagen while taking Trizivir. These medicines are already in Trizivir.

You should avoid taking stavudine (Zerit®) while taking Trizivir. If your doctor prescribes doxorubicin or ribavirin, tell your doctor that you are taking Trizivir.

Practice safe sex while using Trizivir. Do not use or share dirty needles. Trizivir does not reduce the risk of passing HIV to others through sexual contact or blood contamination.

Talk to your doctor if you are pregnant or if you become pregnant while taking Trizivir. Trizivir has not been studied in pregnant women. It is not known whether Trizivir will harm the unborn child.

Mothers with HIV should not breastfeed their babies because HIV is passed to the baby in breast milk. Also, Trizivir can be passed to babies in breast milk and could cause the child to have side effects.

### What are the possible side effects of Trizivir?

**Life-threatening allergic reaction.** Trizivir contains abacavir, which is also called Ziagen. Abacavir has caused some people to have a life-threatening allergic reaction (hypersensitivity reaction) that can cause death. How to recognize a possible reaction and what to do are discussed in "What is the most important information I should know about Trizivir?" at the beginning of this Medication Guide.

**Lactic acidosis and severe liver problems.** The medicines in Trizivir can cause a serious condition called lactic acidosis and, in some cases, this condition can cause death. Nausea and tiredness that don't get better may be symptoms of lactic acidosis. Women are more likely than men to get this serious side effect.

**Blood problems.** Retrovir, one of the medicines in Trizivir, can cause serious blood cell problems. These include reduced numbers of white blood cells (neutropenia) and extremely reduced numbers of red blood cells (anemia). These blood cell problems are especially likely to happen in patients with advanced HIV disease or AIDS.

Your doctor should be checking your blood cell counts regularly while you are taking Trizivir. This is especially important if you have advanced HIV or AIDS. This is to make sure that any blood cell problems are found quickly.

**Muscle weakness.** Retrovir, one of the medicines in Trizivir, can cause muscle weakness. This can be a serious problem.

**Other side effects.** Trizivir can cause other side effects. The most common side effects of taking the medicines in Trizivir together are nausea, vomiting, diarrhea, loss of appetite, weakness or tiredness, headache, dizziness, pain or tingling of the hands or feet, and muscle and joint pain.

This listing of side effects is not complete. Your doctor or pharmacist can discuss with you a more complete list of side effects with Trizivir.

Ask a health care professional about any concerns about Trizivir. If you want more information, ask your doctor or pharmacist for the labeling for Trizivir that was written for health care professionals.

Do not use Trizivir for a condition for which it was not prescribed. Do not give Trizivir to other persons.

gsk GlaxoSmithKline
GlaxoSmithKline
Research Triangle Park, NC 27709

©2001, GlaxoSmithKline All rights reserved.

May 2001 MG-014

*This Medication Guide has been approved by the US Food and Drug Administration.*

---

©2002 The GlaxoSmithKline Group of Companies
All rights reserved.

Printed in USA. TRZ117R0 July 2002

# FIRE & INK WRITERS FESTIVAL

## A STUNNING CELEBRATION OF BLACK WRITERS

By Brent Dorian Carpenter and Akilah Monifa

Fire & Ink: A Writers Festival for GLBT People of African Descent had the write stuff for those who attended and participated. Subjects ranged from the getting blacks to deal with alarming rate of deaths from breast cancer to allowing the next generation of writers to show off their work.

Samuel Delaney, Keith Boykin, Shirlene Holmes and James Earl Hardy were among the invited guests and all invoked the spiritual presence of Langston Hughes, Zora Neale Hurston, James Baldwin, Lorraine Hansberry, Pat Parker, Essex Hemphill and June Jordan. It was truly a day for the history books.

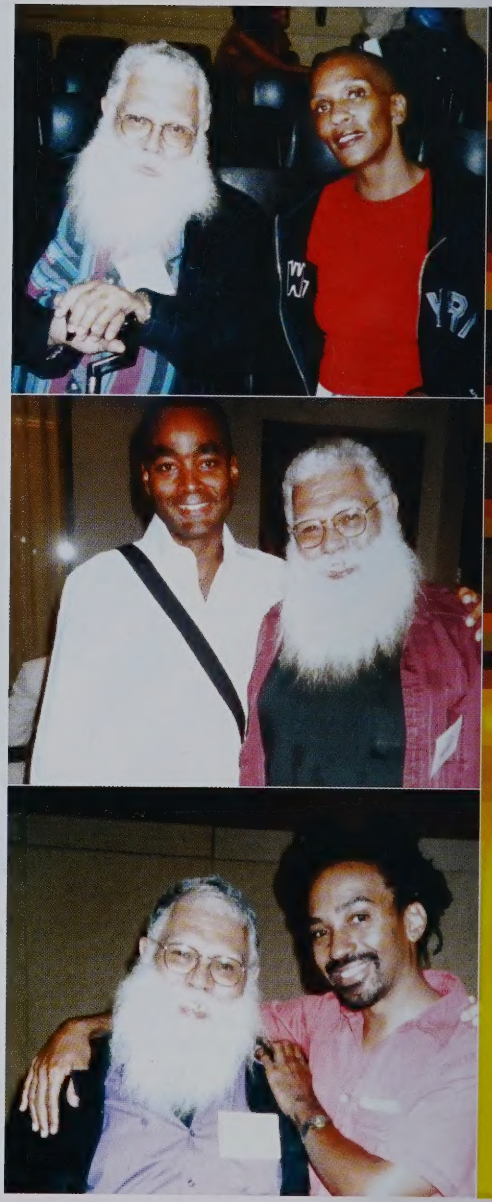
Held at the University of Illinois-Chicago on Sept. 19-22, the festival was loaded with a festive mix of literary establishment, ascendant newcomers, and plain old literature lovin' people. The first evening offered stirring tributes to Jordan and Hemphill and a marvelous performance by a trio of actors called Adodi Muse from Atlanta.

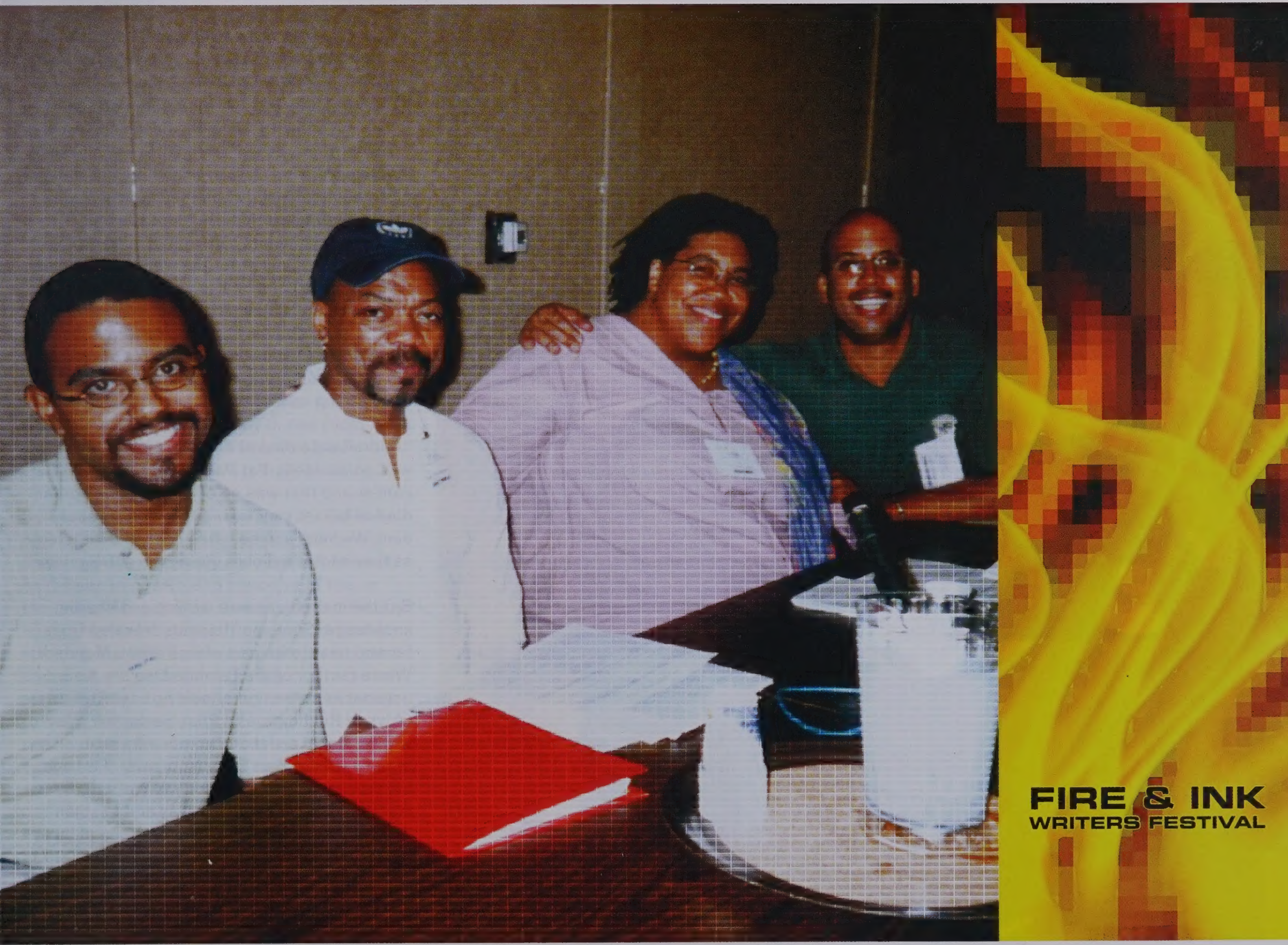
On Friday evening, the Rev. Dr. Shirlene Holmes, a playwright and associate professor in the Communications Department of Georgia State University, set the reverent and mirthful tone for the entire weekend by drawing a direct line from the greats of yesteryear to those in the room aspiring to greatness today. "Close your eyes. Do you smell that cigarette smoke? That's James Baldwin over in the corner. We are nothing new. We are a continuation. We are the dream of James Baldwin."

Holmes brought the house down several times with applause and laughter. "We are making history! Somebody take my picture!" she said. She reminded those gathered of the astonishing advantages possessed by writers at the dawn of the 21st century. "Imagine Langston Hughes with some electricity in his typewriter!" She added that she was "standing tall not because of her momma and daddy, but because she was standing on the shoulders of James Baldwin, Zora Neale Hurston, Essex Hemphill, and Lorraine Hansberry. Imagine Lorraine Hansberry with a Web site! Let us remember those who had to write silently and more importantly, those who did not!"

This point was reiterated in the program booklet. The book contained a historic document written by Barbara Smith and Joseph Beam at the 2nd National Black Writers Conference at Medgar Evers College in March 1988. It was a scathing reprimands of the conference organizers who were attempting to exclude and marginalize the gay and lesbian writers in attendance. It read in part:

"In spite of efforts to ghettoize and exclude us, we are part of a long and proud Black Lesbian and Gay literary tradition. The Harlem Renaissance could not have occurred if it had not been for its Black Gay participants, among them: Countee Cullen, Langston Hughes, Wallace Thurman, Alain Locke, and R. Bruce Nugent. James Baldwin, undoubtedly the best-known African-American writer, gave us many positive depictions of gay male relationships including those between Black men. Baldwin opened up new literary territory for an entire generation and served as a special role model for those of us who are lesbian and gay. Yet, since his death in December 1987, there has been a concerted effort to ignore the fact that he was homosexual."





**FIRE & INK**
**WRITERS FESTIVAL**

It concluded with the phrase, "Yet, we are alive, well, and living with dignity, carrying out the challenge of our difficult and much needed work." There were 20 signatures attached to the bottom of the document. Among them, Essex Hemphill, Jewelle Gomez, Audre Lorde, Pat Parker, Michelle Parkerson and Assotto Saint. It was the equivalent of a black gay Declaration of Independence.

The keynote speaker for the weekend, Thomas Glave, Village Voice writer and assistant professor of English and Africana Studies at State University of New York, said took the event down a different path when he implored his black brothers to help with the black female breast cancer crisis.

"Audre Lorde died of breast cancer and that was no accident. Pat Parker died of breast cancer and that was no accident. June Jordan died of breast cancer and that was no accident. We must address the needs of our sisters as they addressed ours during the AIDS crisis."

But the main focus was writing and sharing knowledge. Some participants traveled from far and near to be part of this event. Marvin K. White (author of the Lambda Literary Award nominated collection of poetry, Last Rights (Alyson Publications). Poet, performer, playwright, visual artist and community arts organizer from San Francisco said: "Fire and Ink presented an opportunity to (re) collect my tribe. My tribe of Black Gay and Lesbian Writers," he said.

"Writing for me has always been successful when somebody reads a poem that I have written or heard me read, and seeks me out.

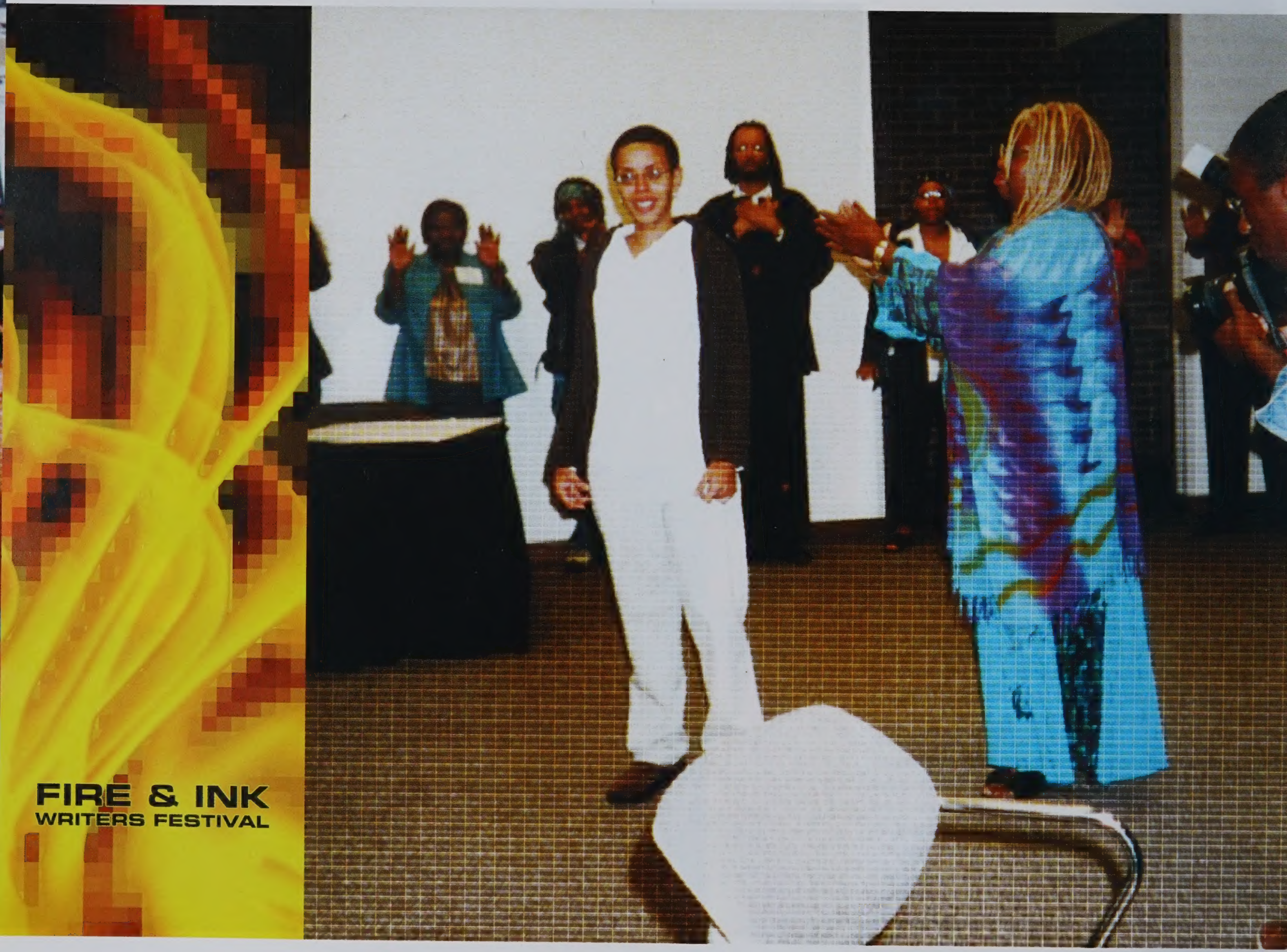
It's in that seeking out that I am validated, understood, placed. It's when they say, 'you sound just like my...' or 'you must be from the South' or 'I could have wrote that poem' that I feel like I am pulling my people back together."

"I write because I cannot leave it up to history to get me right. History can diminish, exclude or just get me wrong all together," he continued. "I am the living proof of what became of us. The tribe that ends with me. I have in me our stories."

Keith Boykin, author of "One More River to Cross: Black and Gay in America" said: "I've long wanted to see a conference of black LGBT writers, so I'm thrilled they actually did it," he said. "Just to see Samuel Delany, Cheryl Clarke and James Earl Hardy in one room is a rare treat, but to see hundreds of black LGBT writers in one room is truly amazing."

Science fiction literary icon Samuel Delaney also expressed awe at the event. "It's been amazing - spectacularly successful!" It would have been impossible to conceive of this in the 1950s. "My gay grad students have difficulty imagining the world pre-Stonewall," he said, invoking the 1969 Greenwich Village riots that demarcated the dawn of the gay rights movement. He implored the young writers of today to seize the opportunity afforded them by the hard-won freedoms of speech. "Talk honestly about what happens. That's what gives out information to people."

Panelist, photographer, archivist and founder of the Memphis Black SGL Alliance, Anthony Hardaway, who spent much of the weekend documenting the conference on videotape for reasons both personal and historic, was giddy


FIRE & INK
WRITERS FESTIVAL

with excitement. "This conference was very much needed for our community. There's no place I'd rather be! It was the perfect place to meet and network with Black Same Gender Loving writers and artist. Personally I am honored to have been a part of such a historic event, - as I continue to broaden my personal horizons and address the cultural needs of my southern black same gender loving region and community."

Sidney Brinkley, editor of the online magazine, Blacklight (www.blacklight.com): "This was a wonderful event. This was a significant event. This was an historic event."

The festival was facilitated by a remarkable collection of writers from across the continent, Lisa Moore, G. Winston James, Reggie Harris, Sharon Bridgforth, C.C. Carter, Samiya Bashir and Dorothy Randall Gray, and a wonderful contingent of volunteers who went the extra mile to provide comfort and enjoyment to the attendees.

The visionary Moore, the publisher of Red Bone Press who first conceived of the ambitious venture, was endlessly toasted and feted throughout the weekend. Overcoming personal tragedy in the form of a fire that devastated her apartment in Washington, she nevertheless persevered to see her vision through to fruition. In the closing session, some 60 festival participants formed a giant room-encompassing circle around her to thank her for tireless efforts and to bestow blessing and imbue her with positive energy.

At the close of the conference, the exhausted Moore, who got to attend only one workshop due to her hectic schedule, gasped a well-earned sigh of relief. "I'm really, really happy! The knots are going out of my stomach. I think this is an excellent first start."

Nineteen-year-old Abigail A. Sewell allowed the audience to experience her writing. Her winning the second place winner of Windy City Black Gay Pride's Poetry Slam contest rewarded her effort. Her youth was belied by a maturity seasoned by exquisite pain. "Have y'all ever got tired of livin' in your own shit?" she asked rhetorically to hoots of agreeable laughter. Her fiery rhetoric was rewarded with a standing ovation.

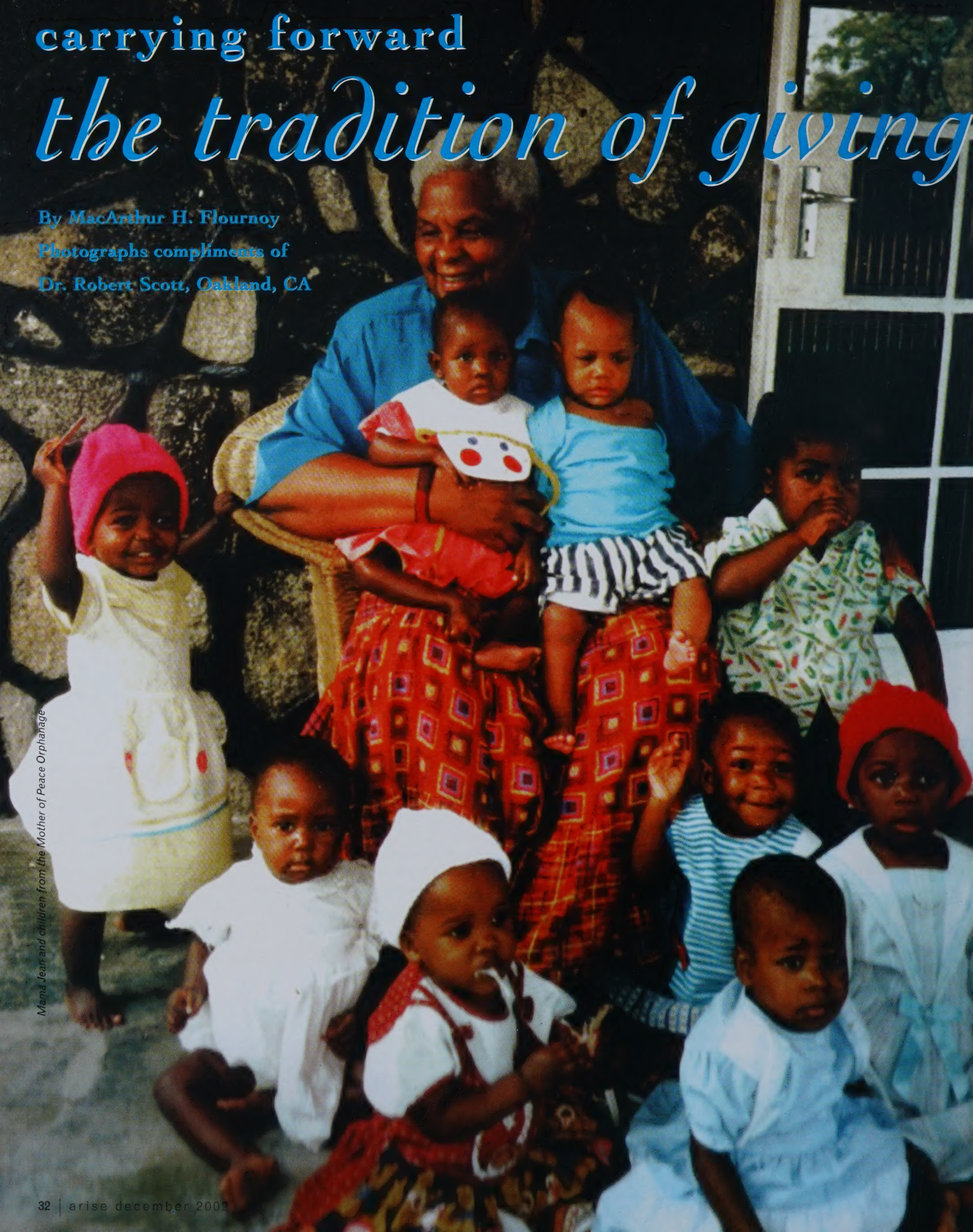
The one sour note was the revelation that, despite its many tremendous successes, Fire & Ink ended with several thousands of dollars of debt. A call was put forth for everyone in attendance to take ownership of the conference to spread the word for the next event, be that in 2004 or as early as next year, as many expressed great hope for an annual schedule. Indeed, several pledged to continue efforts to raise capital through fundraisers and tax-deductible donations to retire the debt and get a jump-start on the next event.

For more information or to
make a donation, contact:
Affinity Community Services,
c/o Lisa Moore/Fire & Ink,
P.O. Box 15571,
Washington, DC 20003.
Phone (202) 452-7440.
E-mail: *FireandInk@aol.com.*

# carrying forward
# the tradition of giving

By MacArthur H. Flournoy

Photographs compliments of
Dr. Robert Scott, Oakland, CA



Mama Jean and children from the Mother of Peace Orphanage

Throughout history we have known people who distinguished themselves as champions of giving. Their gifts came in the form of art, literature, community service, ministry and myriad other ways. Someone who dared to believe in our hopes and dreams gave of himself or herself at one point or another, be it a loved one or stranger.

It is time to honor the tradition of giving.

The very act of giving has been a constant in the lives of people of African descent. We have given of our culture, our hearts and faith through service to the community. We have those visionaries in our midst that taught us through the example of their lives that giving is a necessary part of living, as much as breathing, drinking water or being loved.

Mother Jean Corneck is one such woman who is the walking embodiment of generosity and openheartedness. By way of her leadership and collective staff's efforts, Mother Jean (as she is lovingly called) has established The Mother of Peace Orphanage in Mutoko, Zimbabwe.

Mother of Peace Orphanage, Zimbabwe offers respite and care to families and children who have been neglected or abandoned due to the death of a parent or caretaker. While they share a common loss due to HIV/AIDS or other fatal illnesses, more than one hundred fifty children have also discovered the grace of amazing love that comforts, feeds, clothes and offers respite from what would otherwise be homelessness.

On the grounds of this verdant hillside compound, children and women are treated as family members, each caring and sharing with one another. Together they raise their own food through farming such as rice, corn, beans, wheat & vegetables; and citrus fruits such as mangoes & oranges.

You and I have an amazing opportunity before us. In keeping with this season of appreciation, gratitude and gift giving, ARISE Magazine would like to offer a suggestion: make a financial gift to Mother of Peace Orphanage.

If you have the ability to pick up ARISE Magazine and read its contents, I know that you are bountifully blessed quite possibly with sight, physical ability, cognitive skills and literacy. In so many ways we are magnanimously gifted in this life. Sometimes life's distractions can cause us to take such gifts for granted.

May we humbly suggest that you join ARISE Magazine in carrying forward the tradition of our ancestors, offering thanksgiving and appreciation for all that we have been given by being a blessing to another.

We lovingly invite you to join ARISE Magazine in supporting the Mother of Peace Orphanage where children and families lives have been devastated by HIV/AIDS.

Perhaps the greatest measure of our lives will not be what we attained but what we gave away. In our giving we will come to know a magnificent peace.

*Congresswoman Barbara Lee and Dr. Robert Scott with Mama Jean*

AIDS
HEAD
ARK OF REF
*Mama Jean at the Magic Johnson HIV Clinic, San Francisco Grand Opening*

**Please send all contributions directly to:**

Mother Jean Cornneck
Co-Director
Mother of Peace Orphanage
Farm Number 320 Budjga, Mutoko, Zimbabwe
P.O. Box 310, Mutoko, Zimbabwe
Telephone: 011+263+72+234
Email: MutokoMotherPeace@yahoo.com

ZUNA Institute Presents..

# National Black Lesbian Conference!

## Building Community: Moving Forward

Radisson Hotel Los Angeles Westside
6161 West Centinela Avenue
Culver City, California 90230
1-800-333-3333
Ask for Zuna Institute Rate

- workshops
- banquet
- a spiritual gospel brunch
- and much, much more

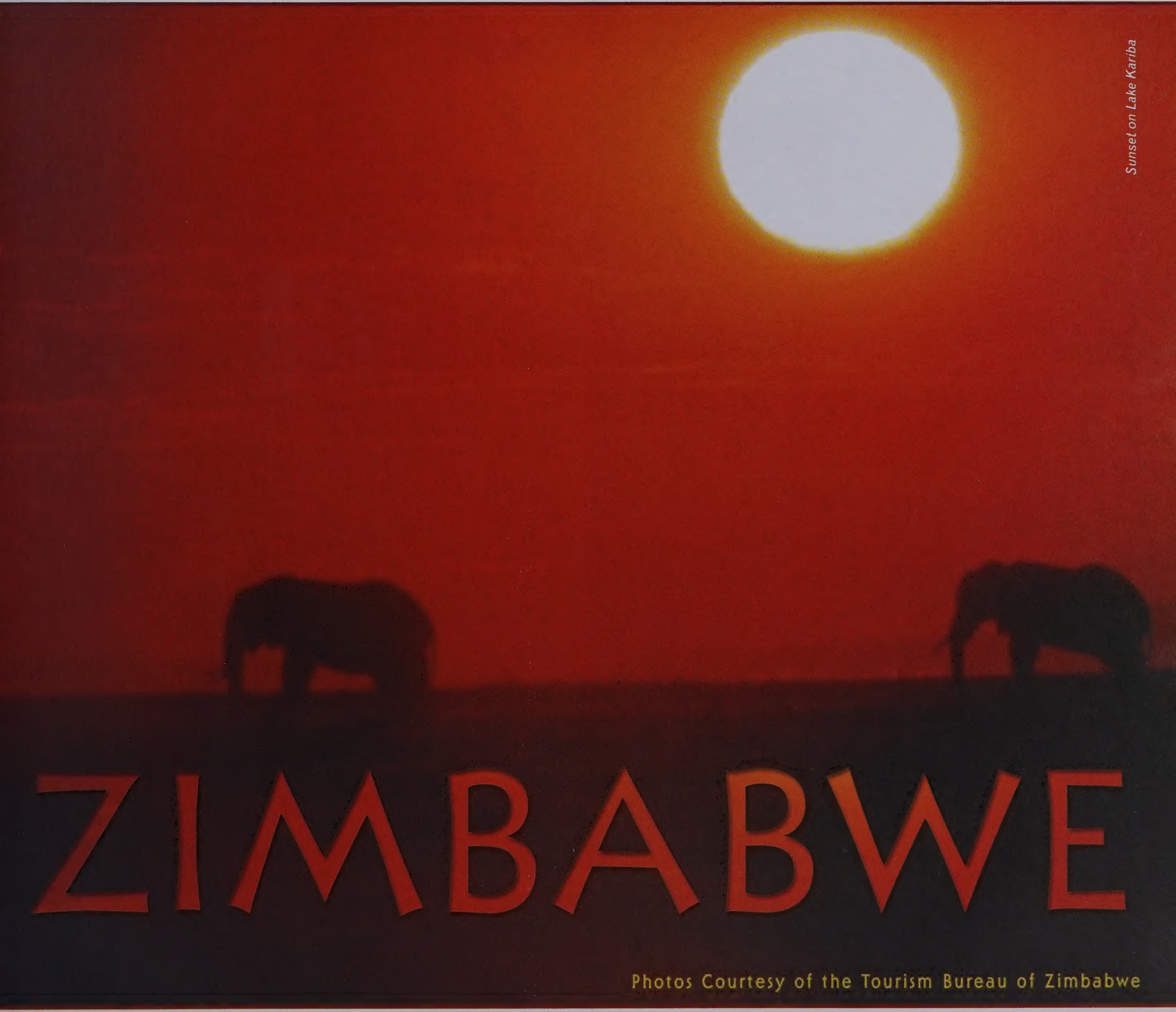
**April 11 - 13, 2003**

Don't miss this historic event!

Zuna Institute
6114 LaSalle Avenue
Suite 527
Oakland, CA 94611
Phone: (916) 419-5075
VM: (510) 482-1671
Fax: (916) 419-0738
www.zunainstitute.org

Thanks to the following sponsors:

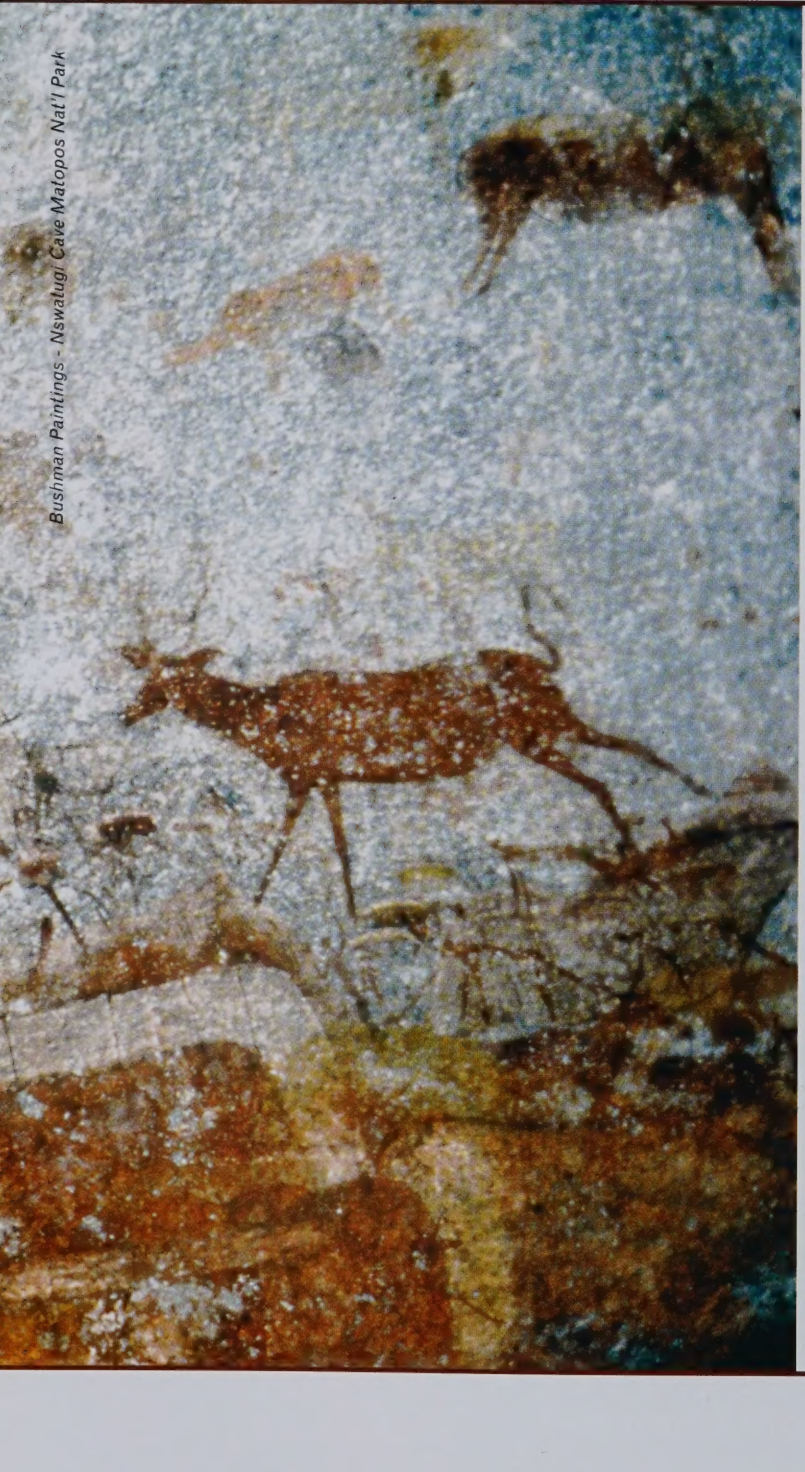
ASTRAEA ARISE NCLR National Center for Lesbian Rights AT THE BEACH



Sunset on Lake Kariba

# ZIMBABWE

Photos Courtesy of the Tourism Bureau of Zimbabwe



Bushman Paintings - Nswatugi Cave Matopos Nat'l Park

Zimbabwe is unique. Where else in the world can a visitor gaze upon hundreds of species of tropical wildlife, thrill to the experience of white water rafting, scale chilly mountains peaks and savour the history of a people that goes back ten of thousands of years? Yet these pleasures are but a few of those waiting to be discovered by the traveler who plans to visit this gem in the heart of Africa.

Zimbabwe is blessed with such spectacular variety and beauty that it could occupy the holidays of any visitor for a lifetime. To begin with, the Victoria Falls are legendary – a ferocious curtain of water seventeen hundred meters wide that plunges deep into the gorge of the Zambezi below. Downstream is Lake Kariba, a huge inland sea adorned with submarine forests, open skies and spectacular sunsets. To the east are the Highlands, fine walking and fishing country, so cool that at certain times of the year; the grass in the morning can be trimmed with frost.

Sprinkled from one end of the country to the other is the wildlife, so staggering in its profusion that it makes any safari through the game parks a voyage of discovery. Then there are the ruins of past civilizations, massive stone constructions of a culture whose roots are lost in the distant past. On top of all this, Zimbabwe enjoys some of the cleanest and most spacious cities in the whole of Africa, offering hotels and restaurants of a truly international standard.

Yet, the country has not been spoiled by mass tourism. Zimbabwe remains a quiet and spacious haven for the discerning visitor who wants an experience of the best that Africa can offer.

## HARARE: THE NATIONS CAPITAL

Few Africans capitals make such a deep impression on the visitor as Harare. On the drive from the airport, the city appears on the horizon almost like a mirage, a string of gleaming high rise blocks flashing in tantalizing glimpses between the jacaranda trees.

Harare is a pearl among African cities; an ordered haven of smart

Victoria Falls

shops, hotels and office punctuated by spacious boulevards and manicured parks. In its older quarters verandas overhang the pavements support by wrought iron pillars belonging to a bygone age. But an even deeper impression is made by the city's modern architecture. The clean, glassy lines of the new building demonstrate a culture, which belongs firmly in the late twentieth century.

Harare is a place for shoppers. Local craft centers abound, offering artifacts, which portray the roots of many cultures.

After dark, the city is alive, with the sounds of trumpets, guitars, and drums. Bars, hotels, and nightclubs are sources of every conceivable musical offering. The talent and enthusiasm of the performers cannot fail to impress the visitor, especially one who is enjoying his first experience of African music.

The National Art gallery is famous for the role it has played in the promotion of Shona sculpture, a vibrant art form that makes full use of the country's spectacular geological inheritance. As a school of art its origins date back no further than the 1950's, but this has been time enough for several sculptors to gain a global reputation. The work of Sylvester Mubayi, Henry Munyaradzi, the later Joseph Ndandarika, and several others fetches huge sums on the international market. In the wake of these men are literally thousands whose work is to be found in the curio shops and market places.

The quality of hotel accommodations in Harare is very high. Many of the city's more noted establishments boast a choice of restaurants, offering both local dishes and international fare. However, they are served, Zimbabwean steaks rank among the best in the world.

Sport is a national obsession in Zimbabwe, and this reflected in the facilities available in the country's major cities. Football (Soccer) is regarded as the country's most revered sport, capable of pulling crowds of sixty thousand strong. Cricket, rugby, horse racing and polo are also very popular.

For those interested in slightly more sedate activities, there are also excellent facilities for bowls and golf; every town has at least one major golf course, and there are over a dozen in Harare district alone.

From Victoria Falls to Hwange National Park, Zimbabwe is a vacation paradise. To learn more about Zimbabwe visit the Zimbabwe Tourism Bureau online at www.zimbabwetourism.co.zw.

Victoria Falls Hotel | Native Dancers

illustration by Nuwāvo for Arise Communications

## TRADITIONS & CULTURES

# When Santa doesn't visit:

## A LOOK AT DECEMBER DIVERSITY

BY D. KEVIN MCNEIR

What is the most important holiday in America? In these days of increased patriotism, one might respond, "Independence Day" while others, particularly children, may be inclined to say Christmas.

But given the increased browning of America, as reflected in the latest census reports, one's response clearly depends on an individual's race, religion and family customs. And despite the bombardment of commercials and advertisements that have been flashing across our television screens and in print since early November-implying that everyone is counting the days 'til December 25th-not every family in America's villages observes Christmas.

So what are the alternatives? For those who are Jewish, their response is Hanukkah. But what about Kwanzaa or Ramadan? In my adopted home of Chicago and throughout the U.S., more and more families consider these celebrations to be significant dates-leading us to ask what are these observances all about, anyway?

### The Kwanzaa connection

Unlike Christmas or Hanukkah, Kwanzaa is not a religious holiday. What began as a cultural idea by Dr. Maulana "Ron" Karenga in 1966, has evolved into a nationally celebrated, non-religious, non-heroic, non-political African-American harvest-oriented holidays. Perhaps the most important aspect of Kwanzaa is the attempt to rediscover the cultural roots and unique heritage of African-Americans.

Al Gilliam, an African-American, eighth-grade history teacher at Julian Jr. High School in Oak Park near Chicago-has been observing Kwanzaa for about 27 years-way before it became the "in thing" to do.

"Even before our children were born, my wife and I were beginning to have some reservations about the whole Christmas thing," he said. "It had become too commercial, and as I began to do my research, I discovered that Christmas actually became popular in America after the Civil War when merchants began to support it in order to boost retail sales. For my family, I needed something more relevant-Kwanzaa was the perfect solution."

However, as more families have chosen to observe Kwanzaa in lieu of other more "traditional" holidays, it too, has become fodder for marketing firms and merchants-it has become commercialized.

"I'm not sure that's necessarily a bad thing-at least not yet," Gilliam said. "Now you can go into a place like Walgreen's and purchase a Kwanzaa card. Years ago, you'd only find Kwanzaa items in a Black specialty shop. And you even see the seven principles [The Nguzo Saba] being discussed on television or highlighted in commercials. It's really grown by leaps and bounds-even some Africans celebrate with us."

Nzingha Ama Nommo, owner of Afri-Ware, a local Black specialty store, first held a Kwanzaa celebration in her store six years ago because "it seemed an excellent way to educate and empower African-American people." Now, her gathering has grown from a one-night observance to seven nights and the crowd has grown so much that she has troubles fitting everyone into the store.

"What's so great about Kwanzaa is the principles are timeless, so while the way they are expressed may change, they are still the same," Nommo said. "We light the candle and pour the libations [to honor the ancestors] and talk in general about the principle for that day. But then we work to apply it to what's happening today."

### A Kwanzaa "primer"

Like other holidays Kwanzaa has its symbols. These symbols are instructive and inspirational objects that represent and reinforce desirable principles, concepts and practices. There are seven basic symbols and two optional symbols that are both traditional and modern items and therefore reflect traditional, as well as modern concepts which evolved out of the life and struggle of African-American people.

The seven basic symbols of Kwanzaa are: Mazao (fruit and vegetables), Mkeka (place mat), Kinara (the candle holder for seven candles: one black, three red and three green), MUHINDI (ears of corn reflective of the number of children in the home), ZAWADI (gifts), KIKOMBE CHA UMOJA (communal unity cup) and MSHUMAA (the seven candles). The BENDERA YA TAIFA (that national flag or standard) and the NGUZO SABA (seven principles are optional, or supplementary symbols).

Even those who do not celebrate Kwanzaa have heard about the seven principles-each one recognized during the seven days of Kwanzaa-Umoja (unity), Kujichagulia (self-determination), Ujima (collective work and responsibility), Ujamaa (cooperative economics), Nia (purpose), Kuumba (creativity) and Imani (Faith).

### New respect for Ramadan

Ramadan is often mistaken for a "December" holiday, but in the fact the 30-day celebration changes, moving backwards in the lunar-based Muslim calendar. And given the backlash experienced after the Sept.11 tragedy, many Muslims say they are finding it essential to work on formulating a more unified front. Two students from a Chicago-based college, Dominican University, actually founded a Muslim support for other students-the Muslim Students Association-two years ago.

"We founded the organization to create awareness and add to our school's religious diversity," said Aneesa Farooq, a recent graduate of the college. "The school was open to the idea, which really started because our Muslim students were scattered about in different programs-but we had similar difficulties like finding prayer room facilities."

Manal El-Hrisse, the other co-founder, has also graduated from the university and leaves in nearby Cicero. She said that one word that must be used with care is "tradition."

"For me, being a Muslim, living out my faith and following certain practices is more than just 'tradition,'" she said. "Traditions are something we can either do with ease or easily discard. But to be Muslim-that is a way of life for us."

El-Hrisse always wears her khimar (scarf) in public. It's one of the things that make her and her female Muslim friends stand out.

But standing out isn't always the best thing, especially when some Americans are looking for someone-anyone-to blame since the attacks on New York City and Washington, D.C. one year ago.

"The Sept. 11 tragedy actually created a sense of unity among many Muslims," said Laura Kirkpatrick-Dib, who converted to the Muslim faith after marrying her husband Bashir. "And the Muslim community is highly diverse. We have Arabs, Pakistani, Euro-Americans, North Africans, African-Americans-just about everyone you could imagine. And if we came together, instead of worshipping in often racially separated groups, we could do so much more-which is the whole concept of Islam anyway."

Kirkpatrick-Dib believes there is still a lot of misunderstanding and lack of trust when it comes to the Muslim community. But she adds many of her neighbors-Muslim and non-Muslim alike-attended the Eid celebration at her home last year-a big gathering marking the end of Ramadan. But still she says she sometimes feels like an enemy in her own country.

And while the U.S. Postal System has added a new stamp-the Eid, recognizing the dinner that is held at the end of Ramadan, one of the ironies remains, many Muslims complain they can't seem to find the stamp at their local post offices.

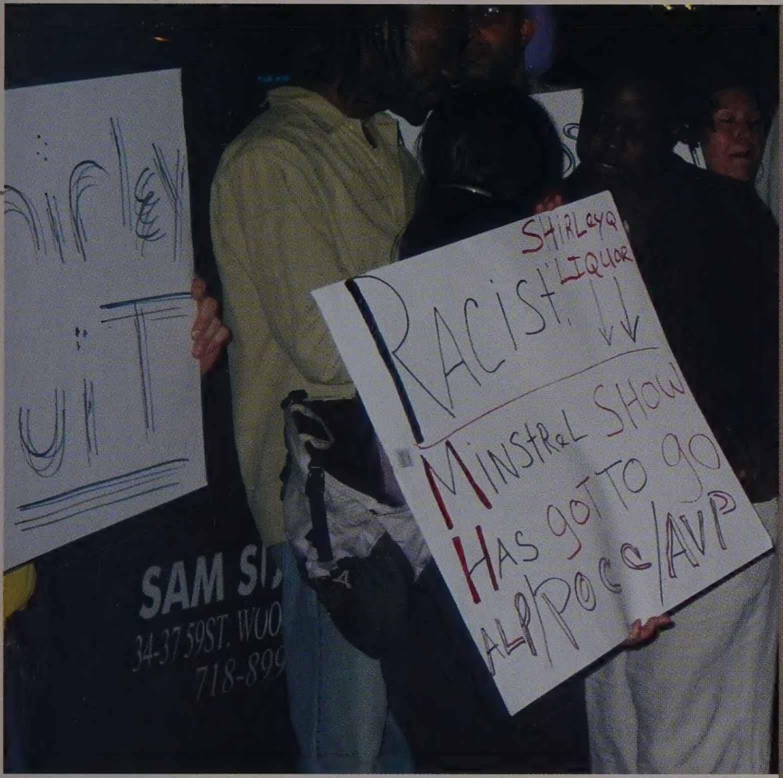
"Every Christmas and Hanukkah it's the same thing," Farooq said. "I feel very isolated and wish people knew as much about my faith as I do about theirs. Maybe one day, they will."

### Explaining the tradition of Ramadan

Ramadan is a month of spiritual consciousness and high sense of social responsibility. According to Muslim belief, the fulfillment of one's obligations during the month is rewarded by 70 times. Unlike common calendar, which is solar-based, Islamic calendar is lunar-based. But that does not mean that Muslims worship the moon. It is simply another way to count days of the month and the year. Like all Islamic months, Ramadan, the ninth lunar month, begins after sighting crescent and not the birth of the new moon.

All healthy Muslim adults including homemakers, school-going children around the age of 13, factory workers, businessmen and others among them will be fasting. From first light until sundown, all Muslims, except those who are pregnant, nursing, sick or elderly and may be permitted to break their fast and make up an equal number of days later in the year, abstain from food drink and sexual relations. Fasting is one of the five pillars of Islam including Announcement of Faith, Salaat (praying five times-a-day), Zakaat (the right of the poor on the wealth of the financially able) and Hajj (once-a-lifetime pilgrimage to Kaaba). And while the fast is most beneficial to the health, it is regarded principally as a method of self-purification. By cutting oneself off from worldly comforts, even for a short time, a fasting person gains true sympathy with those who go hungry while also growing in one's spiritual life.

In addition, avoiding immoral behavior and anger and showing compassion is part of the requirement of the fasting. "Muslims are required to give 2.5 percent of their wealth each year to charity and the majority of people give it during Ramadan," said Kirkpatrick-Dib. "And contrary to what some may say, we are not giving with the intent to support suicide bombers. But we do believe if the children of the bombers are hungry, they should be fed. Is that wrong?" An estimated 5 billion Muslims worldwide celebrate their holiest month of Ramadan every year.



# SHIRLEY Q. LIQUOR: Racism or Just Plain Fun?

## By Loren R. Javier

While difficult to trace back, the first popular minstrel show to appear in the United States is said to be in 1843 in New York City. Four white men from Virginia, known as the "Virginia Minstrels," performed in song-and-dance in blackface, stereotypically mimicking black people. The show was such a hit that they were invited to play other cities. After that, the minstrel show became a wildly popular form of live entertainment and remained popular and acceptable, in some form or another, until the Civil Rights Movement in the 1960s when groups such as the NAACP decried these performances as blatantly racist.

The white entertainers who performed in blackface defended themselves, saying that these were "loving" portrayals. But, outside of the obvious insult of "blacking" one's skin for humor, these shows perpetuated offensive stereotypes of African Americans being slow, lazy and ignorant.

So, it is difficult to believe that in New York City in 2002, a white gay comedian named Charles Knipp would bring a revival minstrel show. This time, the minstrel is in the form of a character called Shirley Q. Liquor, portrayed in blackface and drag. Upon hearing of his upcoming show at the View Bar, several lesbian, gay, bisexual and transgender people of color activists and organizations launched a protest to bring light to the show's not only racist overtones, but for its misogyny and classism as well.

In response to the protests, Knipp has said, "To be honest, people of colour who have seen my shows live or heard my CD's overwhelmingly tell me how much they enjoyed my accurate portrayal of a certain genre of the gritty, witty Southern women that they fondly remember, no matter what her race."

What's interesting is that on the e-mail lists and message boards, several people of color have corroborated his assertion. A debate has raged over whether Knipp's show is racist or just plain fun. Even RuPaul jumped into the fray. In an article entitled "The Shirley Q. Conflama" posted to his Web site (http://www.rupaul.com), RuPaul says, "when

MISSISSIPPI
BURNING

CHUCK KNIPP performs as SHIRLEY Q, it's very clear to me that he is paying a loving homage to the southern black women that he obviously grew up around."

This may be Knipp's intention, but does it make it any less offensive to any other African American? As a white man, Knipp has privilege that he takes for granted. He has probably not experienced the type of discrimination that the women he is mimicking have felt. More so, if one looks at his Web site (http://www.shirleyqliquor.com) and listens to the audio clips or watches the animated film, one wonders how such a one-dimensional character could be viewed as "loving."

For years, GLAAD has advocated for fair, accurate and inclusive representation in the media because we believe the media should represent us more than just stereotypes. Can stereotypes be funny? Sure. Can stereotypes be painful and offensive to people? Sure,

The reality is that the perpetuation of demeaning stereotypes creates a climate where people feel license to value some groups and individuals more than others.

Unfortunately, the lesbian, gay, bisexual and transgender community is not immune to racism, misogyny and classism. It still very much exists. Performances such as Knipp's only serve to perpetuate these forms of discrimination.

So, it is no wonder that people of color groups in New York are protesting the unfair images that Knipp's show brings. They have begun to mobilize a national response by contacting groups in cities where Knipp has upcoming shows.

The best thing we can hope for is that this won't just spark controversy, but will bring meaningful dialogue around such important issues.

SHIRLEY Q's A RACIST ?
& WRITERS

- ORGANIZATIONAL DEVELOPMENT
- PROBLEM-SOLVING
- TEAM BUILDING
- ALTERNATIVE DISPUTE RESOLUTION
- PERSONAL EMPOWERMENT

*"Experiencing those profound moments with you'.*

KHPRA
CONSULTING & TRAINING SERVICES
*Hameed S. Williams,*
*Founder/President*
(917) 482-5262
www.profoundmoments.com

# COURAGE TO LOVE INSTITUTE: *Zwazzi Sowo and Naomi Prochovnick*

By Akilah Monifa

Who are your role models for relationships? Do you know how to be in a relationship? How do you learn? How many folks do you know that are in long term relationships? Wouldn't it be good if you could take a class, or have lessons in relationships?

Courage To Love Institute was designed with one purpose in mind: To let you identify and change your limiting beliefs and create your dream relationship. The tag line on the brochure is to "achieve and exceed relationship dreams." The two main questions the brochure also poses are:

1. Would you like to have more pleasure and passion in your relationship?
2. How would your life be different if you were to achieve and exceed your relationship hopes and dreams?

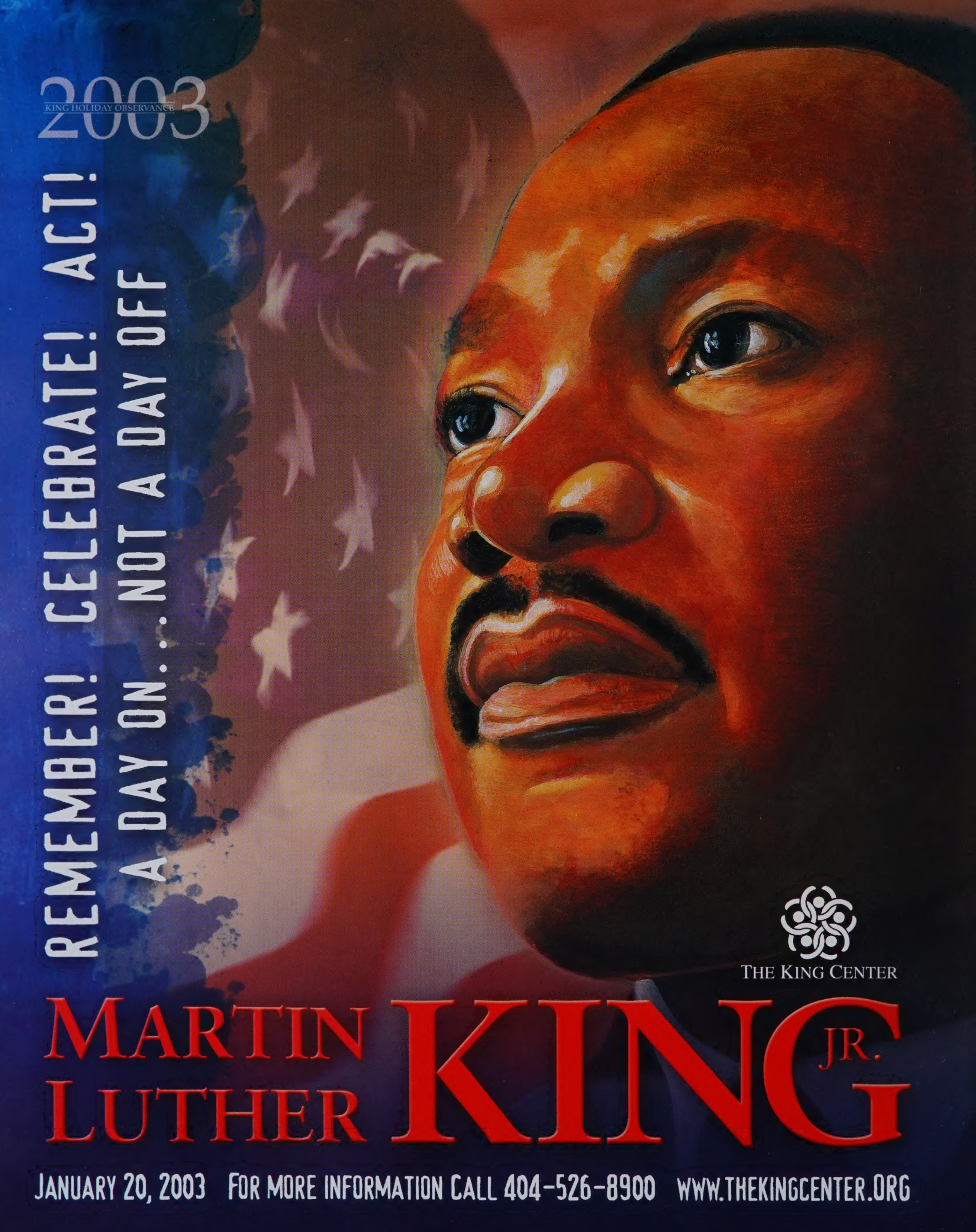
The first question is of course a no-brainer, but the second was at first unfathomable to me.

But Zwazzi Sowo and Naomi Prochovnick (an African American and Jewish couple), workshop leaders for the Courage To Love Institute and also a couple for 13 years actually gave thought about their relationship from the early onset and studied and researched relationships. There was of course a change in their relationship as a couple, but also changes in their lives as separate individuals.

They discovered early on "...that looking at opening up our relationship was a way to avoid intimacy with each other and to dilute the commitment to each other and our marriage, while upping the "drama" factor. For us, being in a monogamous relationship has been one of the important aspects which has allowed us to reach levels of intimacy and trust with each other that neither of us had ever experienced with anyone else."

Zwazzi and Naomi have been doing relationship workshops for nine years. They will offer four, two-day workshops in 2003 and 12 two-hour introductory seminars.

They are open to any one who is considering a relationship. According to the couple it is never too early nor too late to consider a relationship workshop.



2003

KING HOLIDAY OBSERVANCE

REMEMBER! CELEBRATE! ACT!

A DAY ON. . . NOT A DAY OFF

THE KING CENTER

# MARTIN LUTHER KING JR.

JANUARY 20, 2003 FOR MORE INFORMATION CALL 404-526-8900 WWW.THEKINGCENTER.ORG

**Ever feel like your organization/company breeds conflict and chaos? The more you think about it, the more you believe that managers and supervisors are hired just for their ability to create, maintain, or heighten conflict and chaos? Well, you are not alone.**

**Many employees experience significant levels of conflict and chaos. In fact, conflict and chaos are, in many working environments, necessary and essential elements that contribute to the development, production, and distribution of goods and services. Let's take a look at the culture of conflict and chaos and how it may have a different impact on each of us.**

# THE CULTURE OF Conflict & Chaos

By Hameed S. Williams aka Heru Khuti

### CONFLICT

What is conflict?
I think of conflict as a situation in which two or more things in a relationship can no longer remain as they are and co-exist without creating tension within their environment. For example, you want a raise and your supervisor doesn't feel you deserve one. That's a conflict. Your desire for a raise and your supervisor's opinion of the raise's merit can't co-exist, remaining unchanged without creating tension in the work environment. Something's gotta give. Conflict has gotten a bad rep in the West even though Westerners are famous for creating conflict in hundreds of places around the world. Anglo-Saxon sensibilities demand "playing nice" even when you are stealing land, an election, or someone's culture to make a dollar.

The motto here is "Conflict with a smile." People of color tend to have a higher tolerance for more outward expressions of conflict. Although we may seek harmony, we don't shy away from expressing outwardly feelings of anger, hurt, rage, and sorrow during a conflict. What I'm saying here is that we all experience conflict but the way we experience it and how we express the fact that we are in conflict can be very different based upon individual and cultural differences.

There are tremendous benefits to conflict. Conflicts help us establish boundaries, re-think the positions and beliefs we hold, and re-evaluate the worth of our relationships. In order to maximize our opportunities to benefit from conflict, we need to develop organizational cultures that demonstrate respect and appreciation of the benefits of conflict through the creation and maintenance of "conflict-friendly" workplace processes and systems.

Look at your own organization. How are interpersonal conflicts between and among employees handled? What are the procedures for dealing with conflicts of ideas and vision? Here are a couple of suggestions as you look to developing processes that help you make better use of the conflicts within your work environment:

- Train as many members of your work environment in conflict resolution and mediation. The training can be great vehicles for assessing the kind of culture that your organization has around conflict and determining the various skills people bring to dealing with conflict in your environment. Although you may want to hire an outside source to conduct mediations on an as needed basis, you may want to explore the benefits of training specific members of the organization to mediate in those cases.

- Explore the concept of nurturing a "learning community" culture within your organization. Learning communities have several key characteristics among them are that people are encouraged to take risks, supported in making mistakes and learning from them, provided the means to share information and feedback openly but with care so that the organization grows in its collective knowledge. Good learning communities deal well with the tensions that come from conflict. Those tensions generate the energies that LCs use to do more, grow more, and develop new opportunities.

## CHAOS

Chaos equals complexity. It's a million different things going on at one time. Chaos is change. Many of us don't deal well with change and complexity. Chaos, though, can be another essential element of an organization. Chaos creates opportunities in areas where there weren't any prior. Some view chaos as an environment in which there are no rules.

My view is that chaos is an environment in which rules exist but those rules are so different from what we are used to that it wouldn't do us any good to spend time trying to learn the rules. We should instead spend our time experiencing the process and learning from that experience.

Different cultures approach chaos differently as well. Western culture, although, filled with elements of chaos, promotes the virtues of order over chaos. Non-western cultures tend to take a more balanced approach to the two states of being – order and chaos. The counsel that these cultures offer is to strike a balance between the two; both are necessary for the health of any organism including a person or an organization. But attempting to make use of the energies of chaos can leave one exhausted, wounded, and bewildered.

Within your organization, where do you obverse the energies of chaos working at their highest levels? Are there certain routine processes that are completed very chaotically within your organization – budgets, annual reviews, purchasing, program design/product development, etc.? What is chaotic about these processes? How do various members of the organization deal with the chaos that is created? How do they experience it – what may appear chaotic to you may be very orderly for others? Here are a few ideas on working with chaos to achieve your vision:

- Open a dialogue within the organization about the role chaos plays in the work. Share perspectives on the value and definition of chaos. Assess what aspects of chaos you want to foster and eliminate.

- Practice chaos. There are a variety of simulations and group dynamics games that your working group can participate in to understand more clearly chaos and how it functions within your specific environment. Participating in these activities can help you find a place for chaos within your organizational planning and in the long-term your organizational culture.

**People of color tend to have a higher tolerance for more outward expressions of conflict.**

Conflict and chaos are like any other social resource – used wisely, they will reward you time and time again. Enjoy and Happy Kwanzaa!

This column is dedicated to discussion of work and career, leadership, supervision, and management, organization development, and institution building.

Please e-mail your questions or suggested themes to *heru@profoundmoments.com*

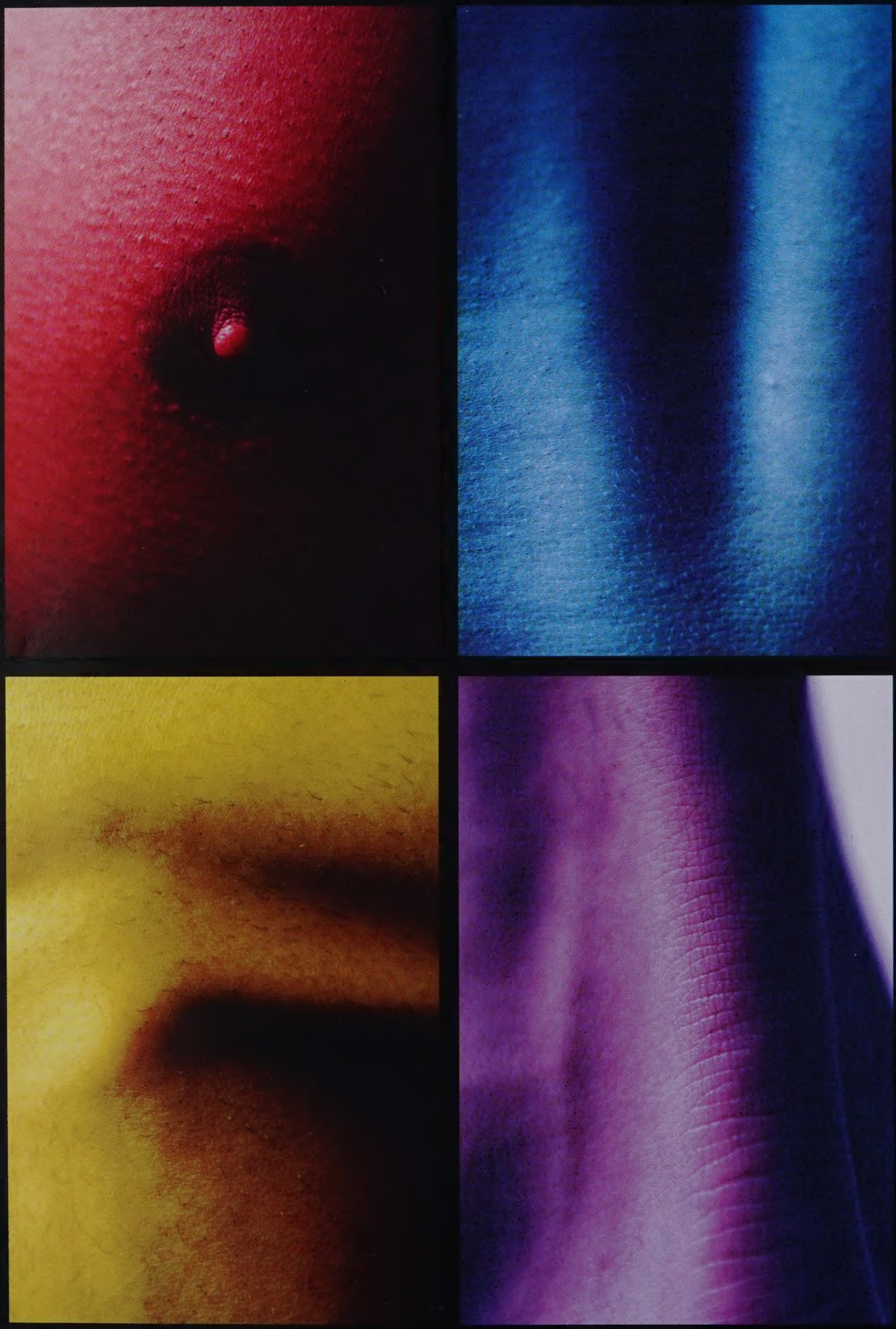
# BODIES *of* COLOR

### Photographs and text by Robert Bengtson

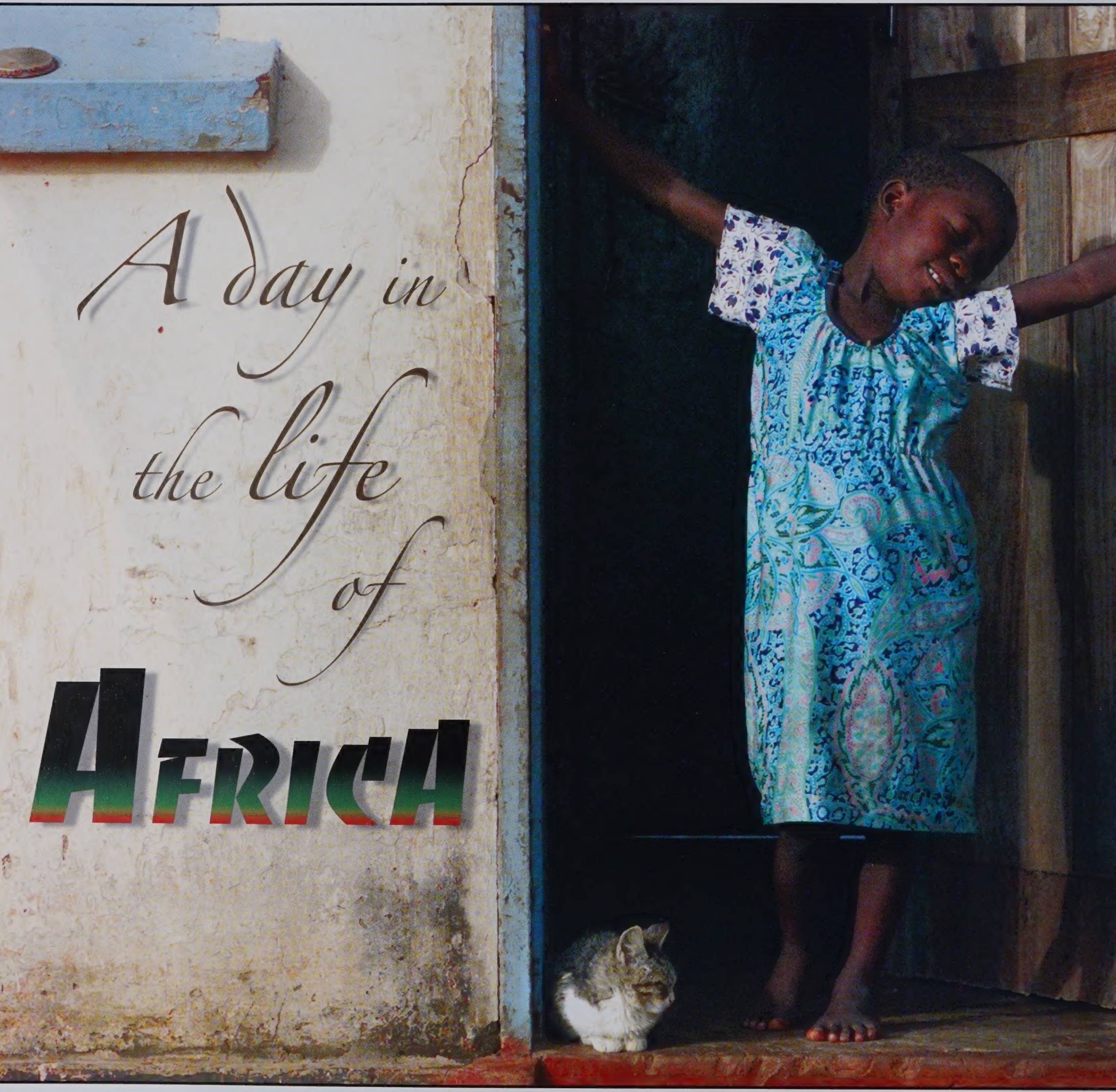
When does a part become a whole?
When is beauty only skin deep?
When does color no longer matter?
When does it matter most?

In understanding that the beauty of the human form is often found in the sum of its parts, one may also find Beauty inherent to those very parts themselves.

And when black and white become only two more colors in the spectrum will we all truly be getting closer towards those things that ultimately matter most.



# A day in the life of AFRICA



Six-year old Kazungu Kautingu stretches in the kitchen doorway of her home in Kelongwa, Zambia. Kazungu's father, David, runs the Kelongwa Rural Health Center – a clinic equipped with a refrigerator for vaccines, a few cots, and some mattresses on the floor. Although not a trained physician, Kautingu provides medial care for 4,000 local residents. –Themba Hadebe in Zambia

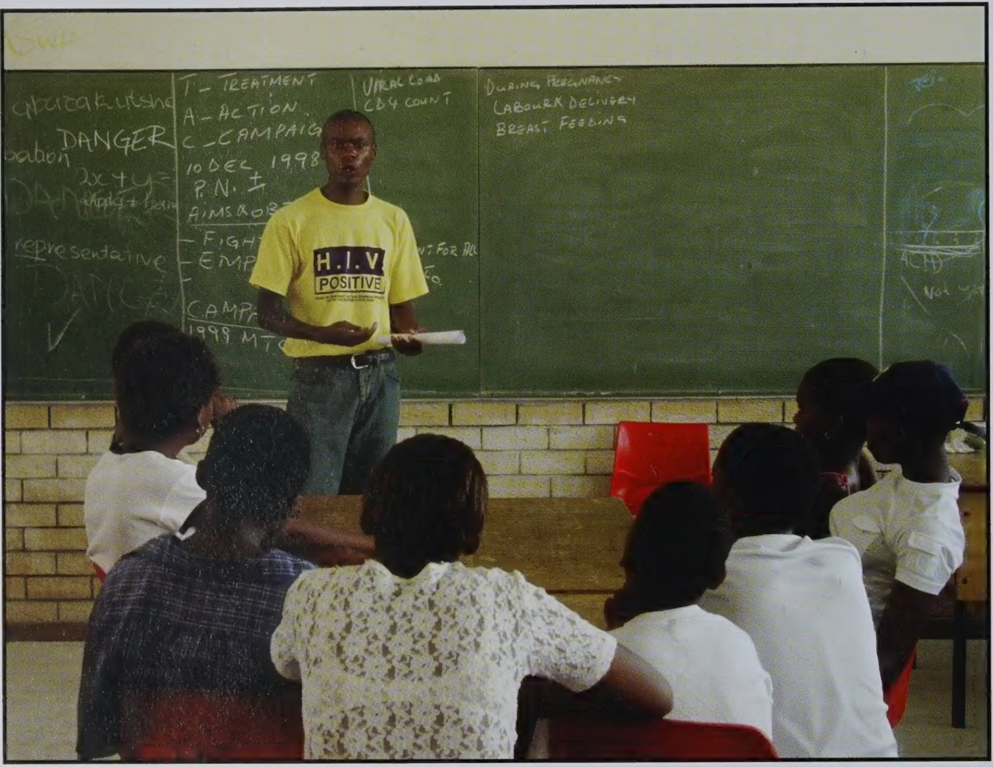
In one day the world can change radically. And it did. On February 28, 2002, 100 of the world's top photojournalist explored the outer reaches of the continent of Africa for a historic 24-hour photo shoot. They embraced a singular vision; to capture images that celebrate a vast, vibrant continent in transition. The diverse team of photographers from 26 countries included more than 1 dozen Pulitzer Prize and World Press Photo winners and more than 20 African and African-American photographers. A DAY IN THE LIFE OF AFRICA is the first book in the celebrated "Day In The Life" series that utilize digital photography. Every photographer on the shoot was equipped with an Olympus digital camera.

While the unity, talent and art of this book are captivating in and of itself the most striking aim of this extraordinary effort is it's intent to raise vital resources for AIDS education programs in Africa. All publishing profits from this book will be used to fund such crucial programs.

As the publishers of ARISE Magazine, we encourage all readers to support this extraordinary effort by purchasing several editions of this collector's item volume.

It should also be noted that in addition to the book of photography a CD compilation has been developed with famed African artists and talented new comers from around the continent including legendary Cesaria Evora and Khadja Nin (wait there's more). Fine arts photographic prints produced by Pictopia.com are also available and can be ordered on line at www.ditlafrica.com/prints. Finally, there is a DVD documentary entitled "A DAY IN THE LIFE OF AFRICA" combining footage, photos and music. For more information or to make donations on line visit their website at www.ditlafrica.com.

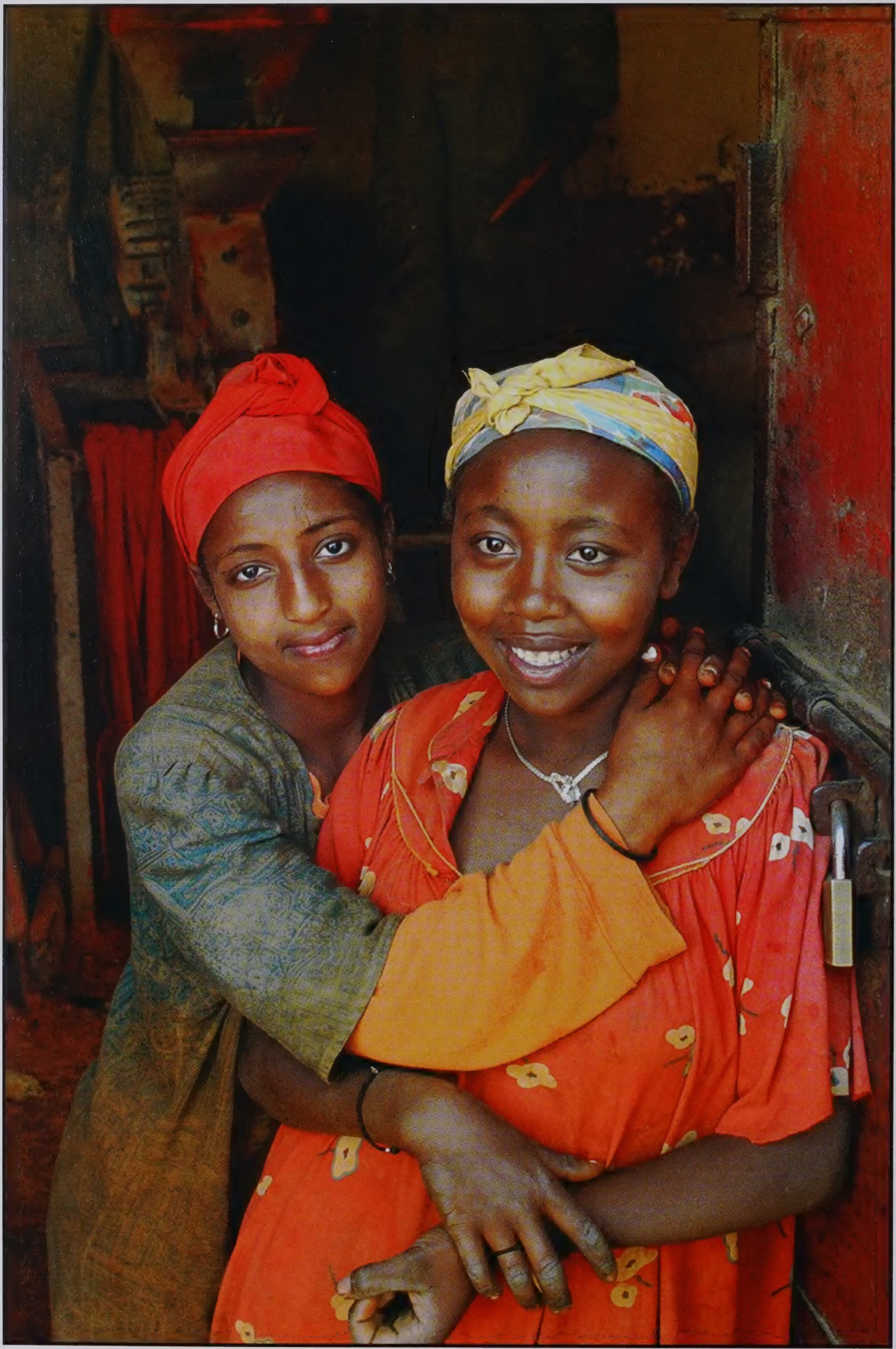
It is with distinct honor and great respect that ARISE Magazine presents the photography of some of the world's greatest photographers from the world's most amazing continent.



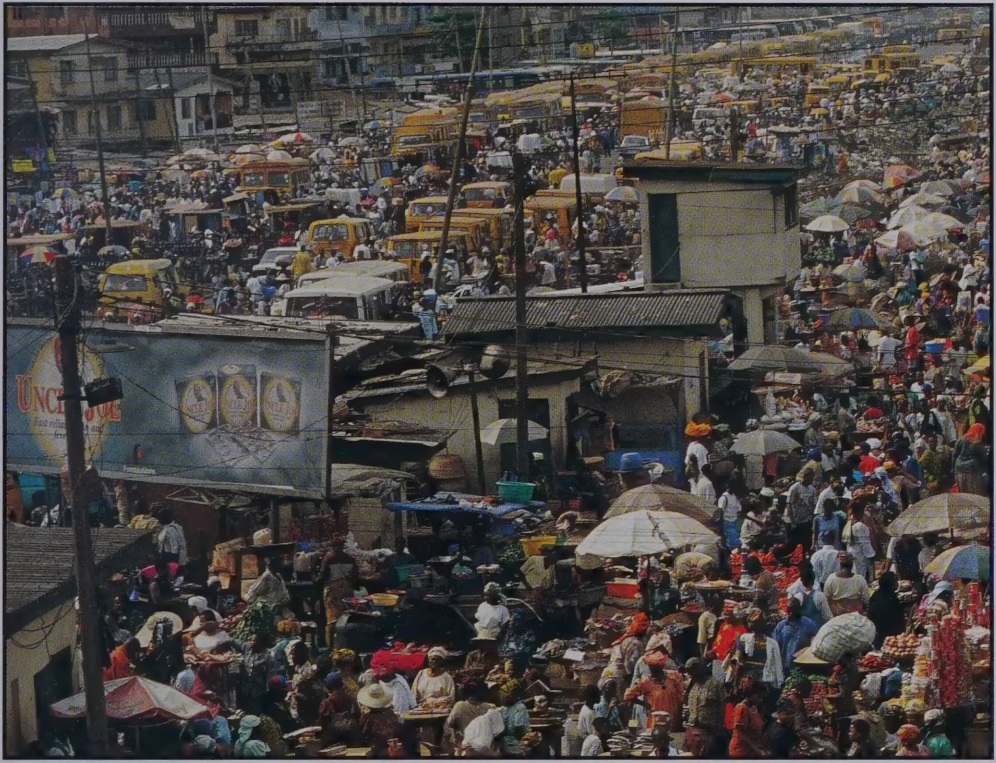
In Cape Town suburb, Bonile Peter trains volunteers for the Treatment Action advocacy organization. The group works toward affordable treatment for all South Africans living with HIV/AIDS. According to the government health department, by turn of the millennium, 4.7 million South Africans – one in every nine – were infected with the virus, more than any other nation on earth. – Gideon Mendel in South Africa

In Mali's ancient city of Djénné, a woman plaits her 19-year old neighbor's hair – Jeffrey Aaronson in Mali

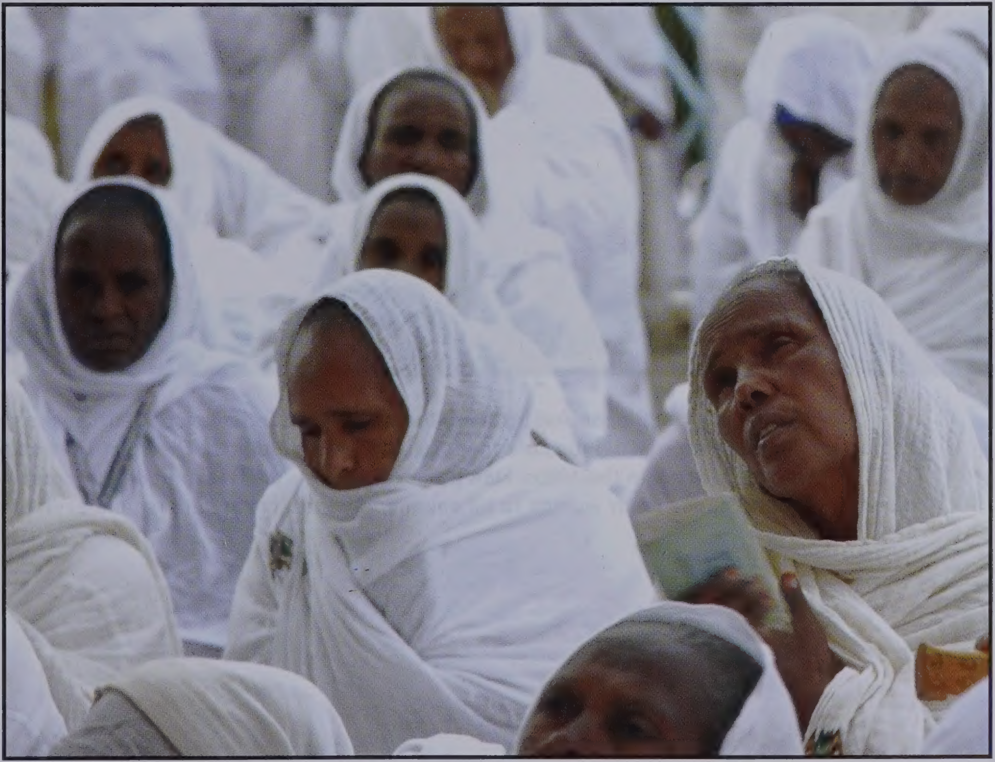
Youngsters head out for morning recess at an orphanage in SOS d'Abobo, in suburban Abidjan. – Lougue Issoufou Sanago in Côte d'Ivoire



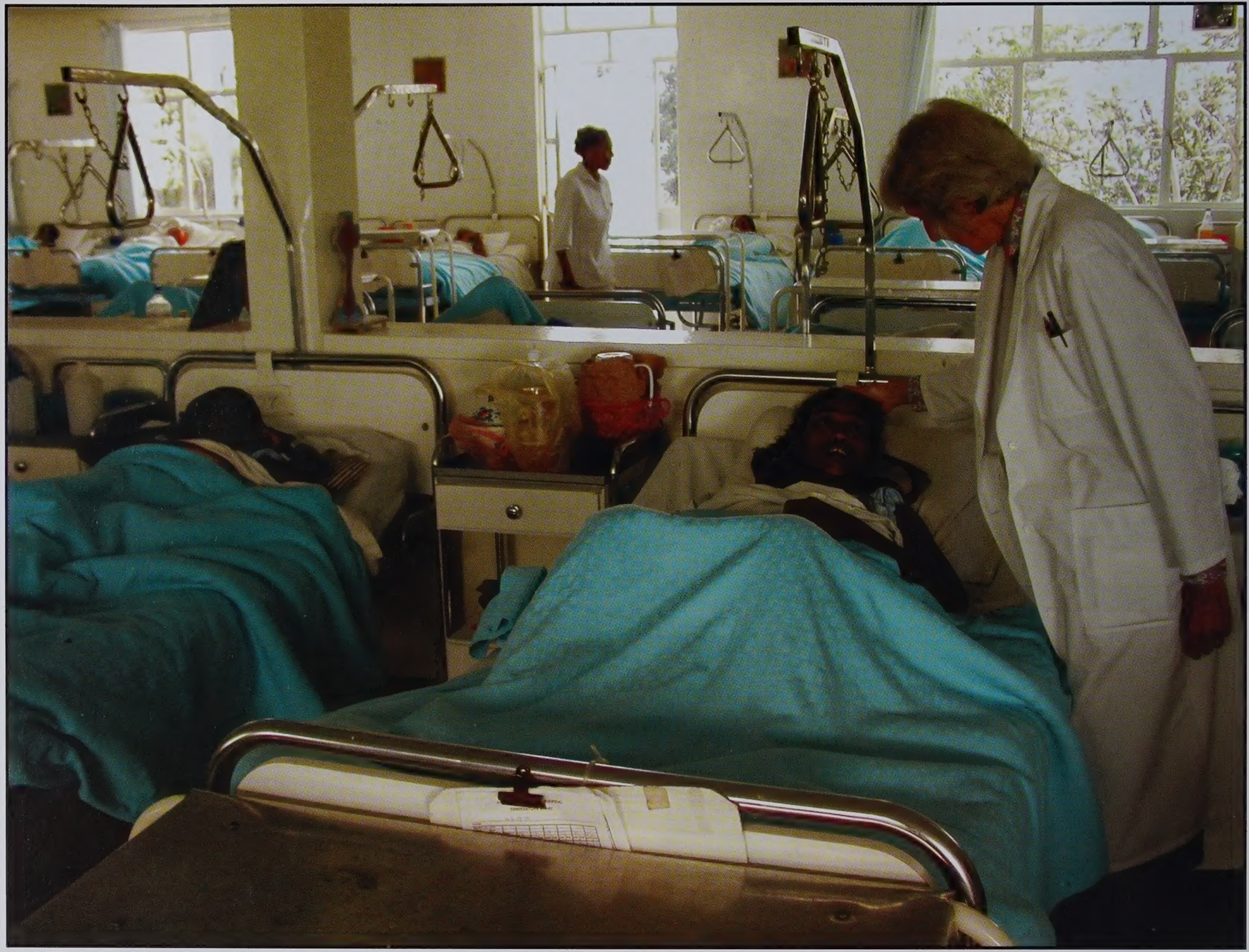
Two young workers break for a portrait – Peter Turnley in Eritrea



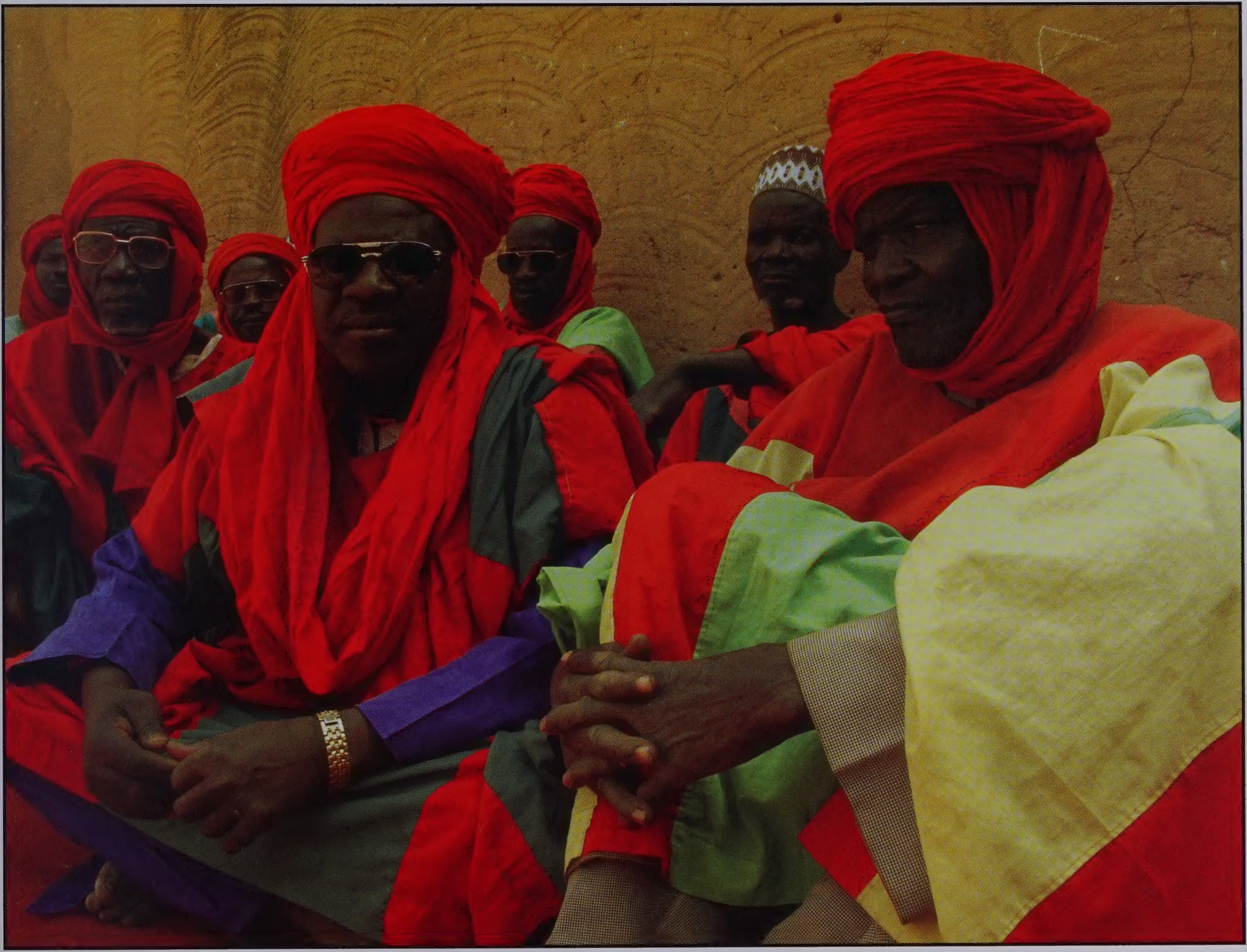
The massive Oshodi Market in Lagos, Nigeria, is a sea of buyers and sellers trading a vast variety of goods and services. Every day, up to 4 million people pass through the area, located at the congested crossroads of several bus and rail lines in the Nigerian capital, one of the most populated cities on earth. – James Marshall in Nigeria



Outside St. Mary's Cathedral, a Coptic Christian church in Asmara, women gather to celebrate St. Mary's Day. – Peter Turnley in Eritrea



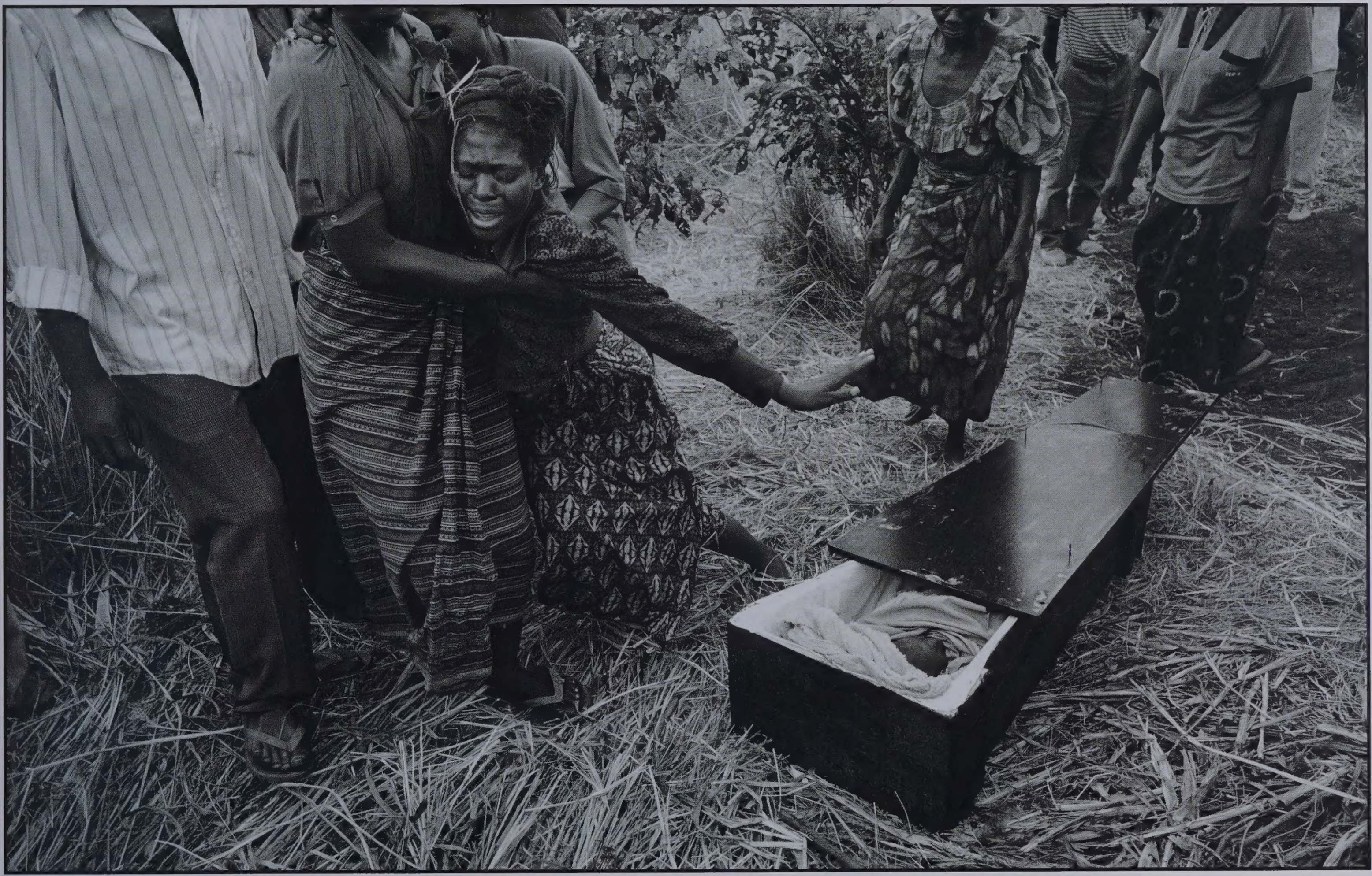
Catherine Hamlin, an Australian gynecologist, interviews a patient in Awas, Ethiopia. This hospital, founded by Dr. Hamlin, treats women with internal organs ruptured by childbirth. The condition, called fistula, can afflict women give birth without assistance. In the 1960s, Hamlin developed surgical techniques to repair these injuries, which can lead to incontinence and cause many women to be shunned by their communities and even their own husbands. - Tim Georgeson in Ethiopia



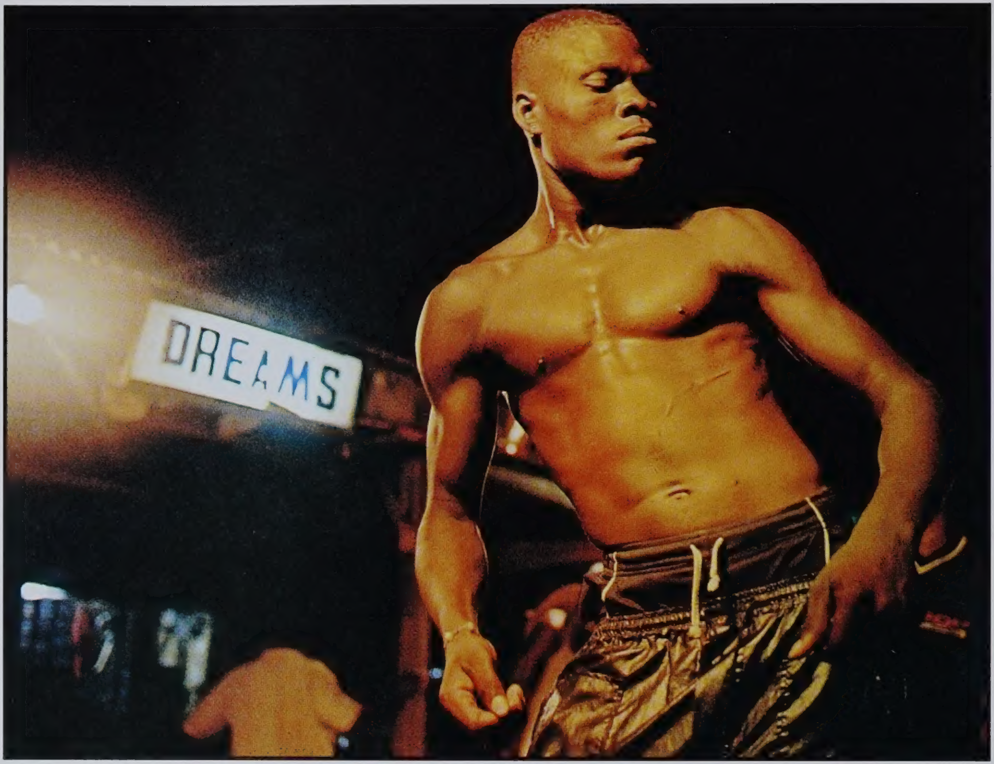
Red-turbaned dogari guards sit in the palace courtyard of the Sultan of Zinder as he receives tribute from his subjects. Sultan Elhadj Mamadou Moustapha, one of Niger's most powerful chiefs, was a policeman before he was named to the non-hereditary throne in 2001. – Lori Grinker in Niger

Sister Leonia Kornas comforts a frail patient on her morning rounds at the Mother of Mercy Hospice. Since she came to Zambia in 1992, Sister Leonia has provided hospice - and home-based care for hundred of dying AIDS patients in the villages around the capital, Lusaka.

Too weakened by AIDS to sit up or raise her head, 18-year old Josephine Mudenda is given her mourning bath by a hospice nurse.

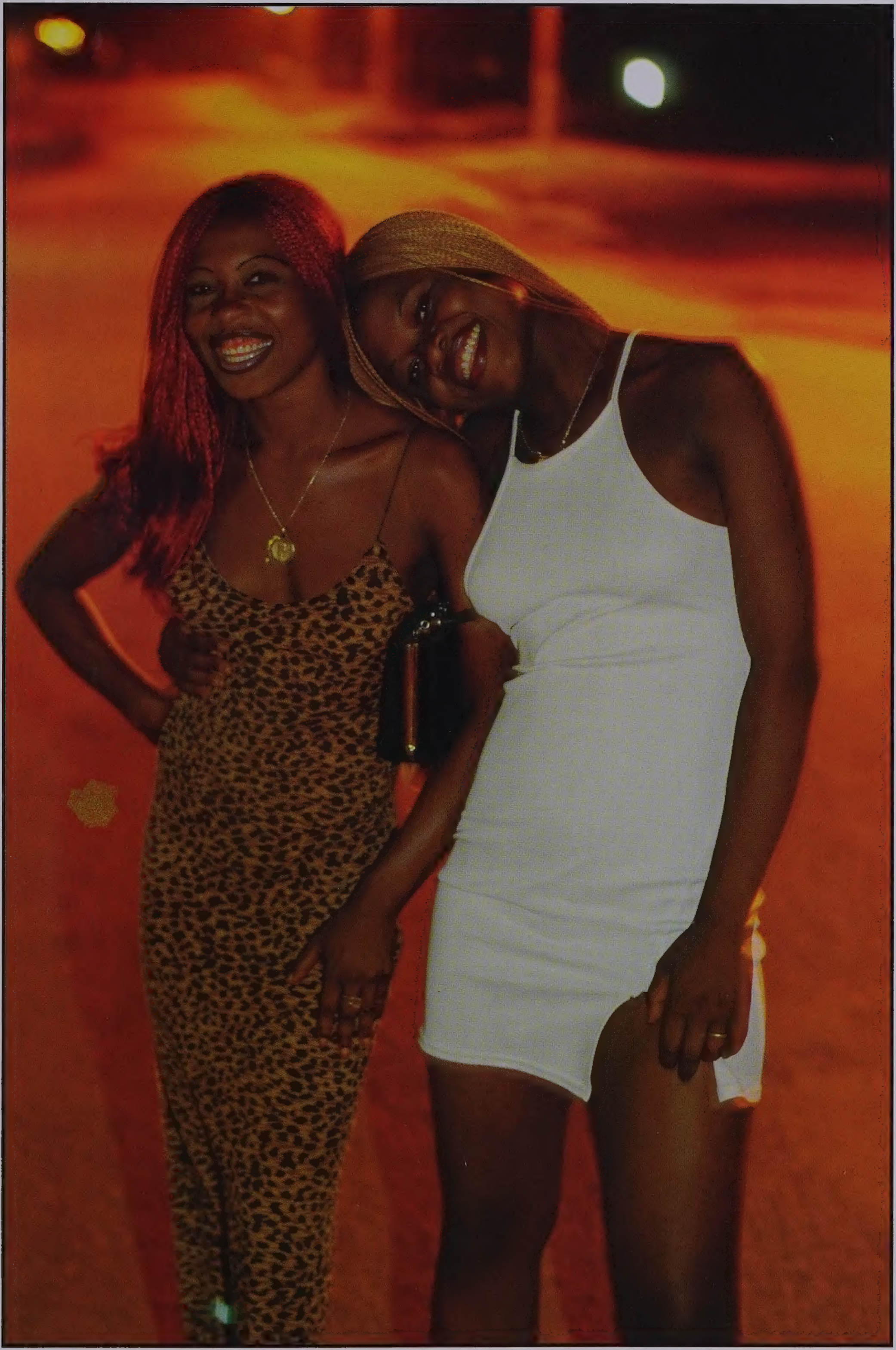


Relatives grieve by the open coffin of Beauty Makwete, a young child who died at Chilanga's Mother of Mercy Hospice. On average, the hospice loses four or five of its AIDS patients every day.

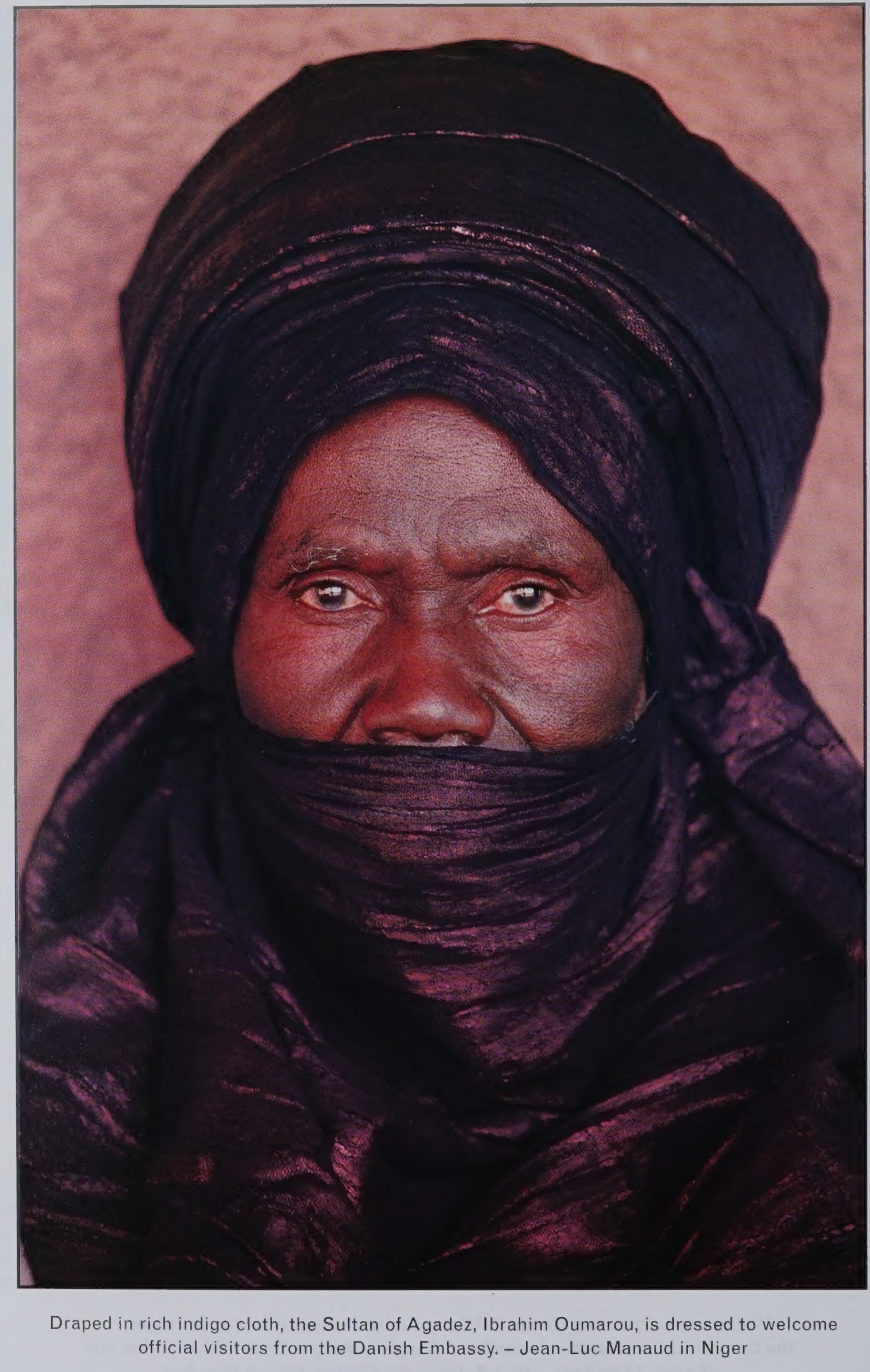


Steven An, 20, dances outside DREAMS, a hot spot on Lagos's Bar Beach. – Jodi Bieber in Nigeria

Using weights made from automobile parts, young Angolan lifters train in Kuito, a battered town rebuilding after decades of civil war. – Guy Tillim in Angola



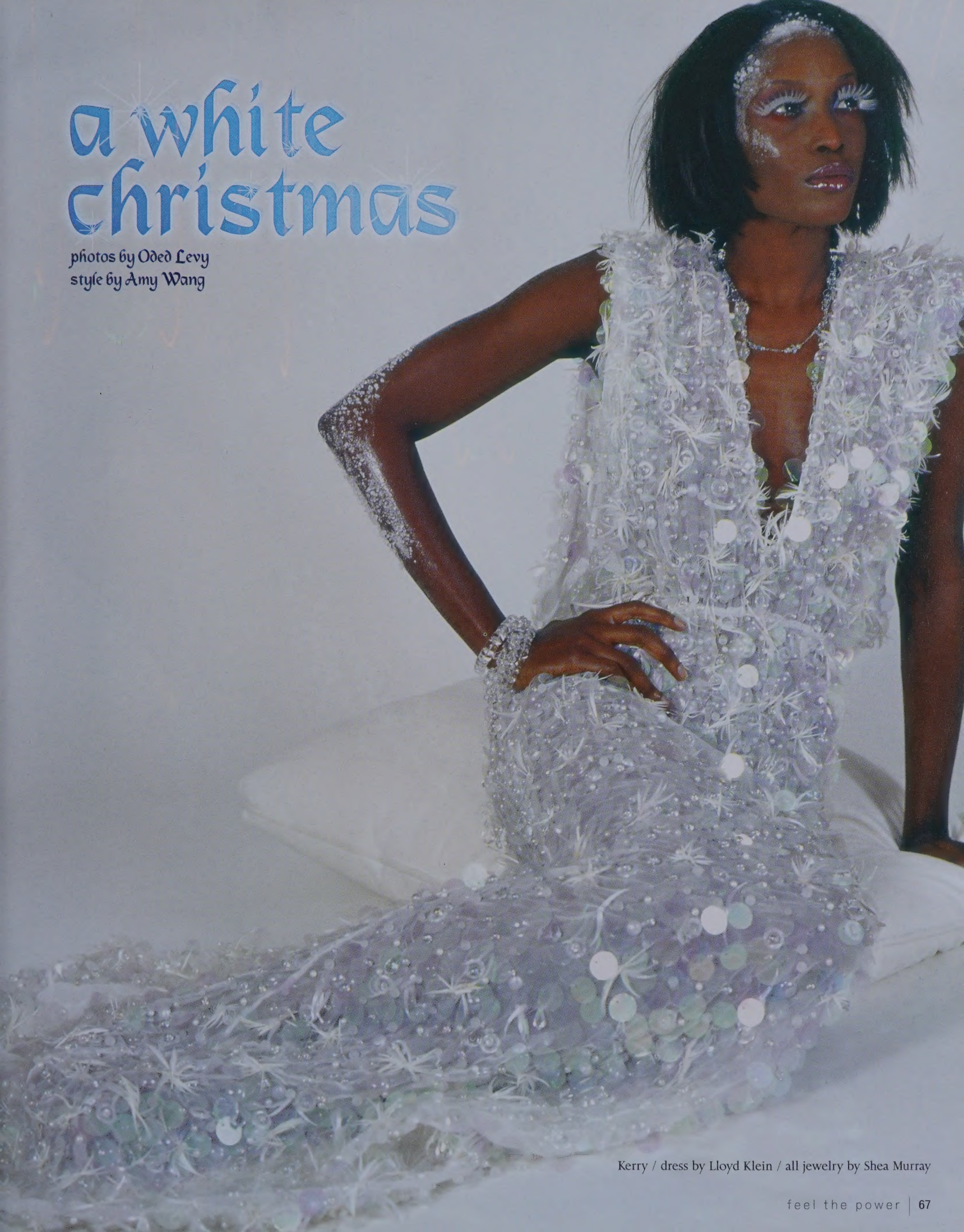
Warfare in neighboring Congo-DRC has fueled the cross-border sex trade in the Central African Republic's capital of Bangui – along with an HIV infection rate of a lest 14 percent. – Nick Kelsh in the Central African Republic



Draped in rich indigo cloth, the Sultan of Agadez, Ibrahim Oumarou, is dressed to welcome official visitors from the Danish Embassy. – Jean-Luc Manaud in Niger

# a white christmas

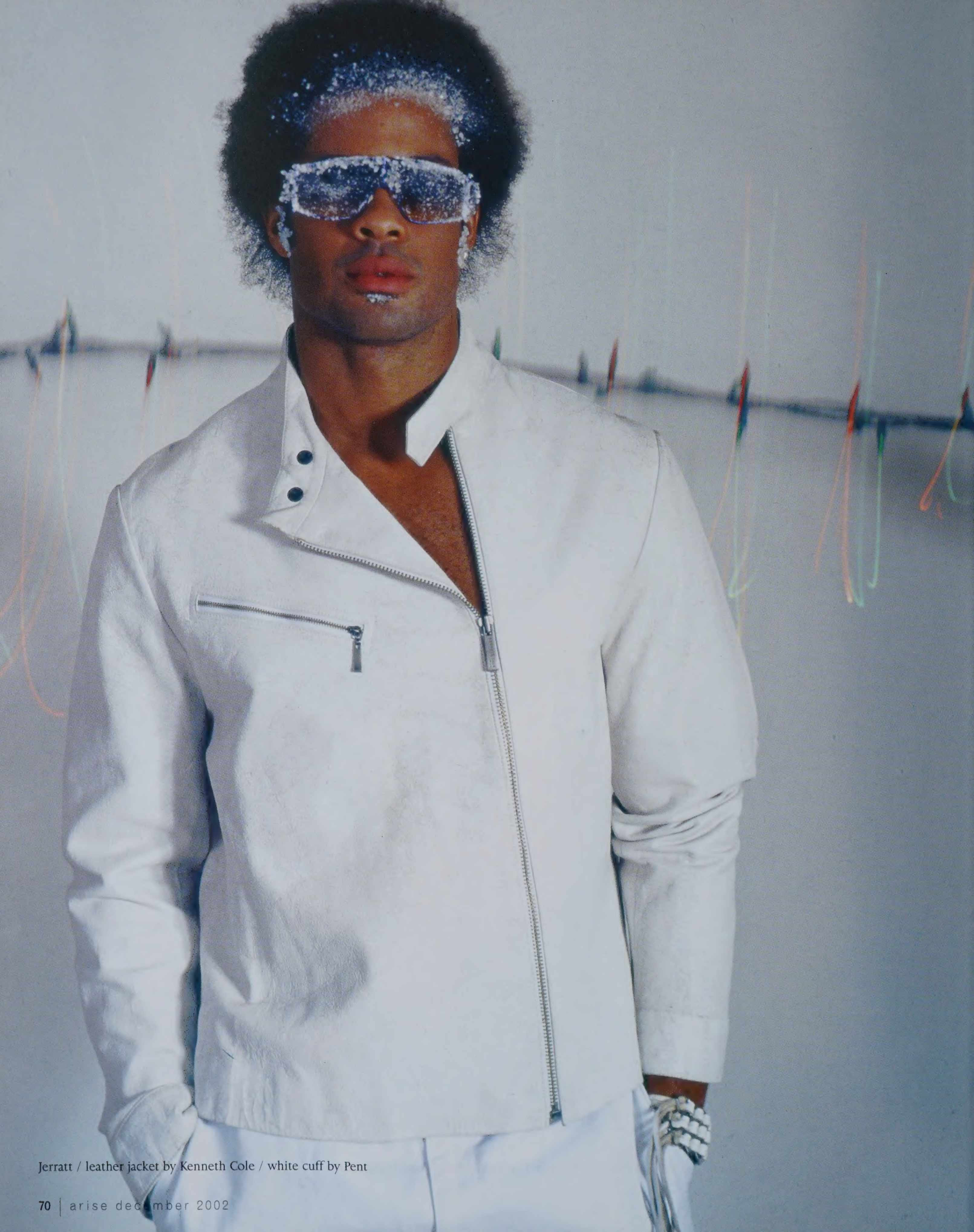
photos by Oded Levy
style by Amy Wang



Kerry / dress by Lloyd Klein / all jewelry by Shea Murray

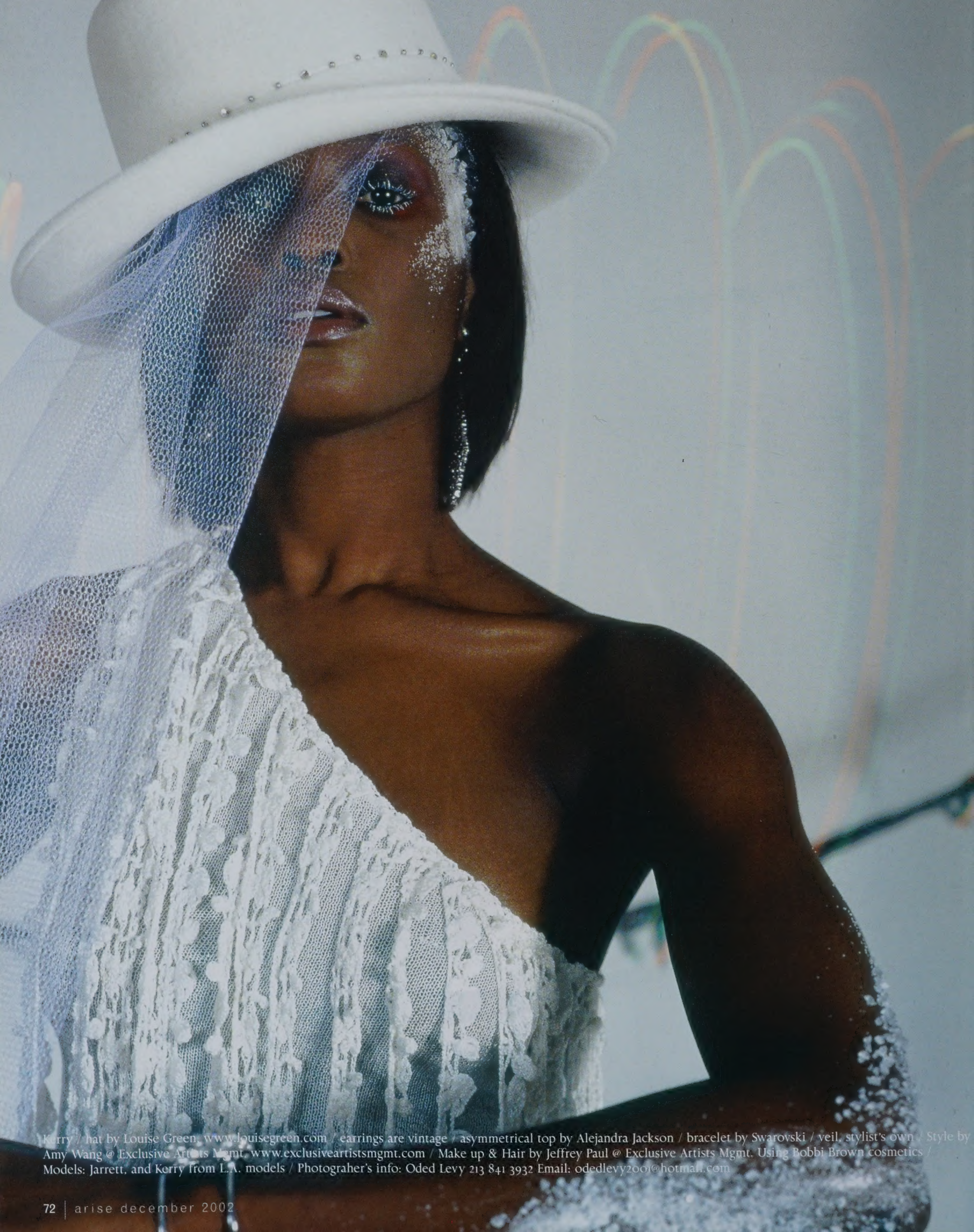
white stilettos by Manolo Blahnik

Jerratt / white button shirt by Penguin / sweater vest by Lloyd Klein / pants by DKNY/ knit cap by "knitting needles by Pierrot"



Jerratt / leather jacket by Kenneth Cole / white cuff by Pent

Jerratt / briefs by www.gosoftwear.com / sneakers by Yohji Yamamoto for Adidas



Kerry / hat by Louise Green, www.louisegreen.com / earrings are vintage / asymmetrical top by Alejandra Jackson / bracelet by Swarovski / veil, stylist's own / Style by Amy Wang @ Exclusive Artists Mgmt, www.exclusiveartistsmgmt.com / Make up & Hair by Jeffrey Paul @ Exclusive Artists Mgmt. Using Bobbi Brown cosmetics / Models: Jarrett, and Kerry from L.A. models / Photograher's info: Oded Levy 213 841 3932 Email: odedlevy2001@hotmail.com

# I won't let nothing take me from my journey now

### By Rodney Washington

*I have known that I have been living with an incurable disease since April 15, 1991.*
*It has been eleven long years and*
*I won't let nothing take me from my journey now.*

*I have known since I was 15 years old that my mother was raped and got pregnant*
*with me and decided to keep me.*
*I won't let nothing take me from my journey now.*

*I have known ever since I was 5 years old that I am attracted to men.*
*I won't let nothing take me from my journey now.*

*I have moved from state to state to be with a man thinking that I had finally met the*
*one and within a couple of years it was over and I was moving again.*
*I won't let nothing take from my journey now.*

*I have drank so much alcohol and smoked so much crack till I got caught up in it*
*and thought that I would die living that way.*
*I won't let nothing take me from my journey now.*

*I have lived in the projects and survived ghetto living, roaches and all,*
*I won't let nothing take me from my journey now.*

*I have done and said some things to people that are ungodly and have lived to tell*
*the tale about the harm I've caused.*
*I won't let nothing take me from my journey now.*

*I have gone to college and dropped out so many times and relived that anguish that*
*comes with always starting something but never finishing anything!*
*I won't let nothing take me from my journey now.*

*And when I was 13 years old my mother caught me in bed with my cousin (who*
*was 12) and beat me with an extension cord and told the whole family about the*
*incident, leaving me to bear the guilt and the shame at 13 years old!*
*I won't let nothing take me from my journey now.*

*I have had a family member who is a preacher man and a devout Christian refuse to*
*shake my hand because he was afraid he'd catch AIDS from me.*
*I won't let nothing take me from my journey now.*

*I mean it; I won't let nothing take me from my journey now!*

All of those experiences have taught me something and today I freely share those experiences with others because I have been delivered from them. My rebirth is an unlearning and relearning of values that will help me to continue to grow into the kind of person God wants me to be. The real drama isn't what happened to me. It's my walk away from God and my walk back to Him.

It has been nine years since I have used any mind or mood altering chemicals. My mother and I have discussed at length what happened to her and how she wanted to keep me because she needed someone to love. We've discussed how she was hurt and ashamed about my being attracted to men, and even tried to beat it out of me.

Today, we have a relationship that is based on love and respect and we communicate about everything. Once we stopped blaming and hating and being angry about what we couldn't control, we were able to have the God-given relationship that allows her to be my mother and for me to be her son.

It took awhile for me to stop looking for love in all the wrong places. In dark alleys, in bars, at Black Gay Pride events, oh yeah, on the Internet. The search was always long and hard and I would go through any length to meet a man. Once I surrendered to my sick fantasies and really looked at the situation realistically I had to admit that I would never find him and he would never find me because it wasn't God inspired.

What I mean by this is that I did all the looking and searching never once consulting God about it. Then I had the health thing to consider. I had no T-cell count and my viral load was over 230,000. So the question came to me one day.... which is more important your health or your pursuit for a man?

Thus began my walk back to God.

I was facing life or death. I was told my kidneys had failed and I had to go back on dialysis. I would get sick and land up in the hospital and as soon as I got better I would get right back to my old tricks again. I just couldn't get it in my head that I have AIDS

and that like cancer it kills you slowly. The last time I was in the hospital I decided that I would stop bargaining with God and I would start choosing the path He had already chosen for me.

Today, I can say with much humility that it took what it took for me to slow down and get right with God. I started investing my energies into things that would give me strength. I pray and let go of toxic relationships. I invest time with my family and friends. I participate in life and celebrate all that it has to offer.

I share my story with others no matter who they are cause you never know whose life you are meant to touch. I pray without ceasing. My life isn't about what happened to me...it's about how I am living today. It took a long time to get to this point and to finally want peace in my life and now that I'm here.

I won't take nothing for my journey now.

Clothing & Accessories
BE FEARLESS, choose love
TRADE SECRETS
www.thesecretsout.com
Holiday Ideas for the part of you that desires to give.
...and the part of you that needs to keep! Shhhh....
Collectables & Conversation
1515 U St, NW, Washington, DC
202.667.0634

AIDS FACT:

In a recent study, three out of four young gay men with HIV did not know they were infected.

www.Prevent-HIV.com

**The fact is, AIDS is an increasing health threat to our community.**

Having unprotected sex or sharing needles can expose you to HIV. If you think you may have been exposed, consider getting an HIV test even if you do not look or feel sick.

Find out more about HIV/AIDS by calling 1-800-367-2437. Knowing the facts can help you live a longer and healthier life.

Loving RESPONSIBLY prevents HIV

1-800-367-AIDS

HIV TESTS ARE FREE & CONFIDENTIAL

Funded by the U.S. Centers for Disease Control and Prevention and the County of Los Angeles, Department of Health Services, Office of AIDS Programs and Policy

# weasels in the "chicken coop"

### by Sharyn Grayson

It was said recently that there has been a historical increase in the numbers of young (otherwise) gay-identified men, who are taking an interest in the arts of cross-dressing and drag. Many of these youngsters have been quoted as saying "they want to be women." As well, the numbers of young men from the ages of 18 to 24, found to be the "partners" or "significant others" of older gay men, has also increased significantly.

Someone should tell these kids the truth. Facts such as what they are really exposing themselves to — in many cases — are potentially lethal situations leading to abuse (mental and/or physical); rape; the possibility of catchin a sexually transmitted diseases including AIDS or even introductions to various drugs. And in the worst-case scenario: death.

Unfortunately, thousands of young gay people find themselves in these situations more frequently than what is seen in the media. There is an unimaginable number of older people out there who prey on the innocence and ignorance of youth. And even though they may not want to admit it, an 18-year-old is no match — either intellectually or physically — against an older, adult male predator whose sole purpose is to get a young victim into a compromising position.

The adult predator will know exactly what to say or do to gain the confidence of his unsuspecting prey. And, since "timing" is an important and critical tool, the skillful adult will also know when and how to make his moves. Any young person today, who has to deal with things such as raging hormones, peer pressure, the inability to talk realistically with parents or loved ones about their sexuality issues, as well as the other basic day-to-day challenges, is easily susceptible to this life-changing situation.

Back in the day, to "turn out" a "chicken" [defined: *a young gay male*] was considered an exciting event among some gay circles. Although the young males — "trade" — were considered the most treasured lot in these situations, many of them eventually evolved into transgenders. They may have begun as young, handsome and vibrant "cuties"— with girlfriends, the admiration and envy of their peers, etc.

But believe it or not, some became drag divas (and yes...drag kings), prostitutes, social deviates, and abusers themselves—only to have their transitions result in their becoming alienated and ostracized by their friends, families and loved ones, later in life. I remember almost getting into a fight with a gay guy, some years ago, just because he made — what I perceived to be — an inappropriate statement about one of my younger brothers. The man's statements about my brother's physical appearance and what he would like to do with him (...you get my drift), was just more than I could handle. And, given the fact this person was at least 20 years older — and truly a loud, totally obscene and obnoxious creature — just made it worse. My brother never knew what had happened. Thank God he was in another area at the time. But the thought of what could have occurred had I not been there to intercede, was frightening to me. My little brother was young, impressionable and certainly as capable as any other tall, fine, handsome, and sexually inexperienced young man to become caught up in the lure of that potential predator.

As long as I can remember, I've seen youthful men and women in nightclubs and bars, hanging out with the grown folks. Hell, I sneaked into those establishments (as a teen-ager) myself...every chance I got! Time and space will not allow me to recount now some of my own experiences with predatory older men. (Hint: *They will be published in my upcoming book, however.*) In all fairness though, I should give some recognition to those "May/December" romances that do happen and thrive beautifully, into years of harmonious bliss. I have absolutely nothing against that. However, the key word there is "romance"—which is distinctly different from perverse lust and lasciviousness based on a predatory situation.

It appears also that transgender-experimenting and/or questioning youth seem to have very different experiences along these lines. More times than not, there is physical abuse involved to some degree. Personally, I feel this is attributable to both low self-esteem issues and the added emotional burdens caused by the overwhelming negative connotations society places on the TG lifestyle, at large. In other words, what you have is a "broken spirited" individual from the start. Therefore, given this equation, we have the perfect victim for the astute predator.

Many transgender women become involved in relationships with men who hide (refute) their bisexual tendencies. Some of these men continue consider themselves as 'Straight' or *'Heterosexual'* — which they reinforced by the fact they only (exclusively) "do ladies." But for the unsuspecting young TG wife or girlfriend, this could end in devastating and long lasting negative effects.

An older, aggressive, macho partner with a beautiful young, impressionable TG mate can be an experience in horror and sheer terror. If that large supply of male testosterone is not under control and, you figure in the added pressures of a "macho-male hunk" with sexuality issues — that he wants to keep secret, the equation is a true vessel of destruction and mayhem on your hands.

Let me say that young gay questioning or inexperienced youth, particularly those who additionally fall into the transgender pigeonhole, should be very careful when considering the amorous attention of that dreamy-eyed, smooth-talking older person.

I must admit that I have always appreciated the male anatomy — whether appearing on the big screen, in books, or in person. Nonetheless, as an older person myself now, I can honestly say that I have always been able to differentiate "appreciation and respect"...from "lust."

To you older men and women...*with a taste for "chicken"*...I want to ask if you'll consider giving our youth a chance. They need to make their own decisions about with whom they choose to explore their sexuality. As well, this process needs to take place only when they are truly ready for it.

I would think that there are enough legal-aged adults around, who are "hot" enough to appease your needs. But if you find that your only option is a young innocent, "tenderoni"...well...your problems go deeper than what can be dealt with here. I would advise you to seek immediate intervention through appropriate professional health-care resources.

Or...you can just wait until the local law enforcement officials catch up to you.

Believe me, if the latter becomes your reality...I'm sure your years of new experiences with real predators will result in enlightenment beyond your wildest dreams!

The choice is yours...

Peace, love, happiness and prosperity...

# A National Call To Action

## December 2002

Twenty-one years have passed since the first case of AIDS was reported in the United States. Since then our nation has made significant progress in caring for and treating persons living with HIV and AIDS – both home and abroad. However, sometimes progress gets in the way of ultimate success. With the introduction of life-prolonging antiviral therapies has come mounting public complacency about the threat of HIV. The stigmas and discrimination associated with AIDS two decades ago still plague those living with the disease today. And America's system of HIV/AIDS care is a complex patchwork of programs and unpredictable financing mechanisms created to care for people dying of AIDS, not living with HIV.

For the first time in six years our nation experienced in 2001 an increase in AIDS-related deaths, and HIV infection is on the rise – especially among communities of color, women and youth. In fact, 50 percent of all new HIV infections occur in young people under the age of 25. And of the nearly one million persons estimated to be living in the United States with HIV, a third are not receiving HIV care and a quarter are unaware of their HIV status. It goes without saying, America and Americans can do more.

AIDS Actions calls on everyone living in the United States – community leaders, Members of Congress, business owners, immigrants, religious leaders, mayors, media, the President, labor, state legislators, educators and non-governmental organizations – to recommit themselves to the fight against HIV and AIDS until its over. Political, religious and social differences must be set aside while we collectively engage in a national strategy to end HIV infection in the United States, and build a stronger, more accessible system of care and quality of life for those already living with HIV and AIDS. The time is now for a National Call to Action.

until it's over

AIDS **ACTION**

**1906 Sunderland Place, NW**
**Washington, DC 20036**
**202.530.8030 p**
**202.530.8031 f**
**www.aidsaction.org**

The images contained throughout this document represent individuals synonymous with the AIDS epidemic in the United States and should not be interpreted as endorsement of the National Call to Action.

# SUBSCRIBE NOW!

12 Exciting Issues for $35.00

to subscribe drop this card in the mail or visit us at: www.arisemag.com

ARISE
For Diverse People of African Descent
BLACK
the photography of
John Healy
7 STEPS TO REJUVENATE YOUR LIFE
BLACK FINE ARTS SHOW
SPA ANYONE?
FEEL THE POWER

ARISE

---

ARISE FEEL THE POWER

ARISE Magazine is born out of the stuff that challenges us to reexamine what we thought we knew, raise the stakes a little higher and pursue a dream that almost seems beyond our reach. We recognize that to ARISE, one must be willing to move on up a little higher in the knowledge of self and the world around us. ARISE is here to articulate the message of success, hope and courage embodied in the spirit of African American people who are accomplishing prodigious feats, in spite of the odds.

☐ Yes! Start my subscription to ARISE today.
I'll get 12 issues for just $35.00.

Name

Address

City State Zip Code

Email

☐ Payment Enclosed ☐ Bill Me

---

ARISE FEEL THE POWER

ARISE Magazine is born out of the stuff that challenges us to reexamine what we thought we knew, raise the stakes a little higher and pursue a dream that almost seems beyond our reach. We recognize that to ARISE, one must be willing to move on up a little higher in the knowledge of self and the world around us. ARISE is here to articulate the message of success, hope and courage embodied in the spirit of African American people who are accomplishing prodigious feats, in spite of the odds.

☐ Yes! Start my subscription to ARISE today.
I'll get 12 issues for just $35.00.

Name

Address

City State Zip Code

Email

☐ Payment Enclosed ☐ Bill Me

---

ARISE FEEL THE POWER

ARISE Magazine is born out of the stuff that challenges us to reexamine what we thought we knew, raise the stakes a little higher and pursue a dream that almost seems beyond our reach. We recognize that to ARISE, one must be willing to move on up a little higher in the knowledge of self and the world around us. ARISE is here to articulate the message of success, hope and courage embodied in the spirit of African American people who are accomplishing prodigious feats, in spite of the odds.

☐ Yes! Start my subscription to ARISE today.
I'll get 12 issues for just $35.00.

Name

Address

City State Zip Code

Email

☐ Payment Enclosed ☐ Bill Me

SUBSCRIPTION OFFER

PLACE
STAMP
HERE

ARISE

1533 41st Street
Sacramento, CA 95819

SUBSCRIPTION OFFER

PLACE
STAMP
HERE

ARISE

1533 41st Street
Sacramento, CA 95819

SUBSCRIPTION OFFER

PLACE
STAMP
HERE

ARISE

1533 41st Street
Sacramento, CA 95819

# SUBSCRIBE NOW!

12 Exciting Issues
for $35.00

to subscribe drop
this card in the
mail or visit us at:
www.arisemag.com

ARISE
For Diverse People of African Descent
BLACK
the photography of
John Healy
7 STEPS
TO REJUVENATE YOUR LIFE
BLACK FINE ARTS SHOW
SPA ANYONE?
FEEL THE POWER

ARISE

# HOLD the lemon

### By Clarence J. Fluker

Several years ago I found myself dining at a local restaurant with my family on a typical afternoon outing. We went to the same restaurant that we often frequented on our Saturdays out. The hostess walked us to our usual table and we all sat in our usual spots. Not that my siblings and I had assigned seating when we went out with our mother but, after so many years a pattern had developed in the way that we all sat at the table.

After we had been seated for a couple of minutes our waitress came to our table and asked if we wanted to order anything to drink while we decided what we were going to eat. Per the norm my mother ordered iced tea, my sister the same and my brother a root beer and I a ginger ale. The next question the waitress asked was also not a shock. She asked did everyone at the table want a glass of water. My mother answered for all of us, yes. But what happened next was unusual. Before the waitress could sachet away from the table to fill our drink order I yelled out to her to hold the lemon in one of the glasses of water that should eventually bring back.

My entire life I had been going to restaurants with friends, family and social groups and more often than not when the waiter or waitress would bring glasses of water to the table they would all have a wedge of lemon in them. I would always use a fork to remove the lemon from my glass of water. I have always disliked the taste water with lemon wedges leaves in my mouth. I even find it fairly gross to observe those small seeds and pulp floating around in my glass. Moreover, I disliked the feeling in my throat when I would accidentally swallow one and it would go down the wrong pipe.

My request to the waitress didn't go unnoticed by my family. They immediately asked why did I ask her not to put a lemon wedge in my water because that's how it is always done. It is no secret to those that know me that I have a tendency to be very particular about how I go about performing even the simplest tasks in my daily life. Some often question why do I perform certain tasks in a way that is not accepted as the norm or take points of view that are not considered to be in step with my peers and many of my elders.

To answer these questions by friends and family, I always ask them as to why should I do everything like everyone else or take on the opinions, thoughts and attitudes as the majority. After my sometimes triumphant-less battle to challenge the way the inquisitor views my action or line of thought I typically offer them my most basic reason for handling things the way that I do and sticking to my own opinions, thoughts and attitudes despite what the majority says or does.

> Traditional practices are great if they are positive and beneficial. But when tradition is standing in the way of free thought, free spirit and individual freedom to do what works for you, tell someone to hold the lemon please.

What is my most basic reason?

The reason is that I must think for myself and do what works for me as long as it does not harm anyone else. The worlds that we live in, America, our family world, our corporate community, our spiritual sect, black gay "family" and every other shared community we exist in during the course of our day, is full of glasses of water with lemon wedges.

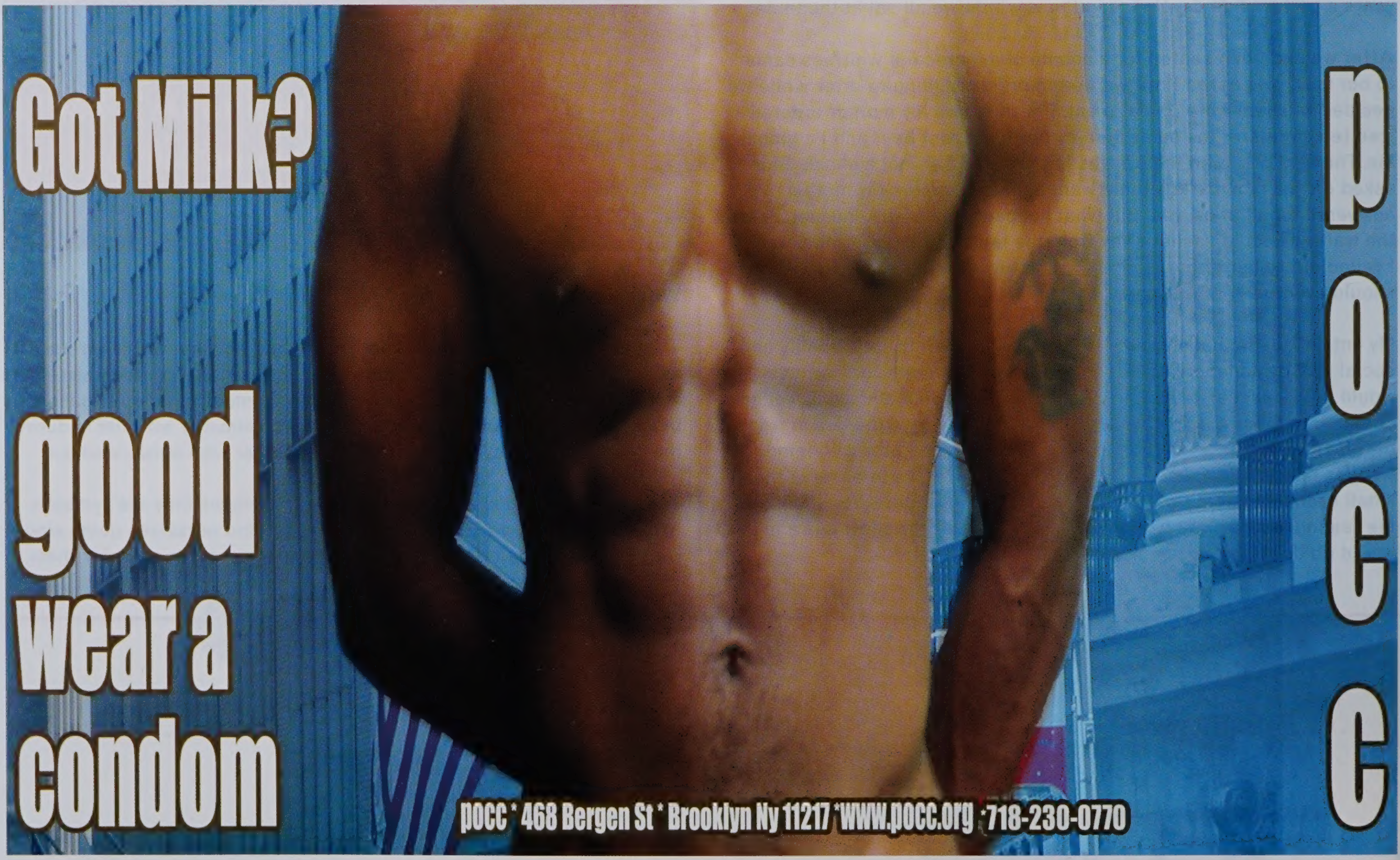
Those lemon wedges are more than just fruit slices they are symbolic of customs, practices and traditions that we find ourselves going along with because a majority has established them and they work for them, not us. Traditional practices are great if they are positive and beneficial. But when one finds themselves in situations where they are going along to get along or believing because everyone else believes, tradition is standing in the way of free thought, free spirit and individual freedom to do what works for you.

As a new year approaches I encourage my black gay family, made of so many diverse people, to examine itself and challenge some of the customs that we have been doing for years and passing from generation to generation. Dividing ourselves with labels so that we don't get along and can't work together as a community to accomplish more, spending countless dollars in businesses that don't support nor help foster *OUR* community and emphasizing aesthetic beauty so much more than beauty of the mind or spirit.

I also encourage people to examine their personal lives and think about the things that they go along with just because they are considered the norm and everyone else does it. One of the greatest lessons my mother ever taught me, usually when she was yelling at me for doing something wrong, was just because someone else jumps off a bridge doesn't mean that I should to. Sometimes one doesn't even have to completely do away with something that they have been practicing as a tradition or custom if they still find some value in it what it stands for or offers. If you embrace the meaning behind the practice but not how it's done simply start a new tradition or change it by making it your own and adding something new. I like water – just without the lemon – so I drink water – without the lemon.

The Saturday afternoon that I decided to speak up and ask the waitress to hold the lemon was a monumental moment in my life. There was an established practice however small it may seem in the grand scope of things, that I could no longer participate in because it was not pleasing to me, I challenged it and have been challenging bigger things ever since. Despite what others have done and continue to do we must find it in ourselves to step forward when the time arises to say hold the lemon please.

*CJFluker@hotmail.com*


Got Milk?
good
wear a
condom
pocc
pocc * 468 Bergen St * Brooklyn Ny 11217 *www.pocc.org *718-230-0770

# SIXTH ANNUAL U.S. CONFERENCE ON AIDS: when "reality land" came to anaheim

## Stirred by Kick-Off Message of President Clinton, Thousands Share Voices of Hope, Promise, Heroism and Despair

ANAHEIM – Perhaps it was appropriate that the recent U.S. Conference on AIDS (USCA) was held in Anaheim, California, with Disneyland in the shadows of the conference center.

For the more than 4,000 attendees, this was not a trip to "Fantasyland." From the pain-filled whispers of young adults with HIV, from policy makers to the poignant notes of acclaimed signers and entertainers, it was the voices of "reality-land" that resonated deep within the HIV/AIDS community.

With the theme, "Finding Our Voice," the Sixth annual U.S. Conference on AIDS (September 19-22, 2002) brought together thousands of leaders, from key decision makers to frontline service providers, to share insight and information on how better to serve those with or at risk for HIV/AIDS.

"Sixteen national AIDS organizations collaborated to make this a very special conference," said Charles L. Henry, co-chair of the California Host Committee and Director of the Office of AIDS Programs and Policy for the Los Angeles County Department of Health Services. "Hundreds of hours of dedicated, passionate commitment from volunteer committees made for an exciting, educational and informative meeting, one that sets the stage and agenda for our work in the years ahead."

Dr. Michael Reyes of San Francisco served as Henry's co-chair for the four-day meeting that showcased the first national address by Dr. Joseph O'Neill, the newly-appointed Director of the White House Office of National AIDS Policy.

The Conference's kick-off, a special taped message of former U.S. President Bill Clinton, drew a standing ovation from the more than 2,000 attendees of the opening breakfast. "This movement is a grassroots effort," said Clinton, "where knowledge is power. Count me as an ally in the struggle and I thank you for all that you do."

"The Voices of Advocacy"

Dr. O'Neill, in his first major address since assuming his role with the White House Office of National AIDS Policy, said that advocacy and communication are key ingredients to change. "We cannot get to where we need to go if we do not have the tough conversations we need – and like a family, we may disagree," he stressed, acknowledging the audiences' concerns about the Bush Administration and it's commitment to the fight against AIDS. "We are very clear that we have to provide more resources."

Dr. O'Neill recognized the work of the National Minority AIDS Council (NMAC) for its leadership of the USCA, and outlined the White House's AIDS agenda for the years ahead.

"We are committed to doubling the capacity of the National Institutes of Health Migrant Health Center, and increasing by 50 percent foreign assistance through the Millennium Challenge Fund," he said. He said the Bush Administration is committed to halving the number of annual HIV infections in this country by the end of a decade.

Jennifer Holiday

USCA Attendees

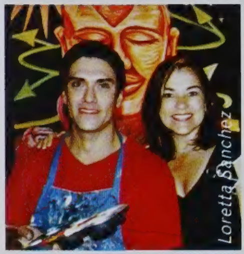
Maxine Waters

Discussions, workshops, exhibits, plenary sessions and roundtables about HIV/AIDS and our nation's youth, the rising epidemic among our communities of color, capacity building, housing, poverty, international issues, public policy and prevention services highlighted the conference's daily agenda. Evening activities and community events showcased Orange County's and much of southern California's successful AIDS programs and services.

Several hundred participated in a stirring candlelight vigil and tree planting ceremony held at a nearby park, a special event sponsored by the host committee. "This event – out in the open – allowed us to recognize those we've lost and gave me a personal sense of dignity," said Anita Parker from Voices of Women of Color Against HIV and AIDS, who attended the event. The host committee honored organizations and individuals whose life-size depictions and stories were featured at the California Experience display.

Entertainers and noted singers provided much enthusiasm and harmony during the entire conference. Actress Rosie Perez, singers Oleta Adams and Jennifer Holiday, and actress Dawnn Lewis not only provided their passion and inspirational talent but also their commitment to the cause.

Three members of the House of Representatives were honored and recognized for their tireless work and outspoken advocacy on behalf of women and people of color infected with HIV/AIDS. Representative Maxine Waters and Juanita Millender-McDonald, both of California, and Ciro D. Rodriguez of Texas were given the AIDS Leadership and Vision Award during an evening ceremony at the Anaheim Convention Center. Representative Loretta Sanchez, of Orange County, was presented with a painting created by artist Antonio Rael especially to commemorate the conference.


Loretta Sanchez

CA Host Committee

"This conference underscored how HIV care is becoming increasingly complex," said Henry. "One thing is increasingly clear. In order to ensure effective HIV care, we need to do a better job of addressing a wide range of issues: historical and cultural barriers, lack of information, substance abuse, homelessness and poverty."

The host committee concluded the conference by passing the torch to next year's host city, New Orleans.

Soul Food is Cookin' at GMHC

Need some "Food For Thought?"
How about a big helping of support?
It's all here at Soul Food!
Take a look at our menu:

**Sacred Space**
FIRST THURSDAYS
6:30 – 9:00 P.M.
A discussion group for those brothers interested in exploring their "spiritual side."

**Discussion Groups**
SECOND & FOURTH THURSDAYS
6:30 – 9:00 P.M.
Our most popular "dish": frank and honest conversations about desire, pleasure, and more.

**The Kitchen**
THIRD THURSDAYS
6:30 – 9:00 P.M.
Our combination platter: discussion and condom wrapping or envelope stuffing. No meal is completed without some work!

**Soul Food Plus**
THIRD FRIDAYS
7:00 – 9:00 P.M.
Something a little "extra" special for HIV-positive brothers: discussions with your needs and desires in mind.

**Loungin' in Giovanni's Room**
EVERY WEDNESDAY
6:30 – 9:00 P.M.
Now that you've had all that Soul Food, join us on the sofa as we share at the open mic with spoken word, poetry, and free expresson.

SOUL FOOD
BROTHERS HEALING BROTHERS

Soul Food is more than a cuisine! It's a health and wellness promotion program for brothers who practice same-sex desire.
Come and be a part of "Brothers healing Brothers."

GMHC
GAY MEN'S HEALTH CRISIS
The Tisch Building ▪ 119 West 24 Street, NYC
212/367-1372 ▪ soulfood@gmhc.org
Hotline: 1-800-AIDS-NYC ▪ TTY: 212/645-7470
www.gmhc.org

© 2002 GMHC

Staceyann Chin is a Jamaican spoken word artist whose arsenal of painful self-portraits and cut-throat metaphors has captured a fanatic following in Denmark. To audiences who crowd misty red-lit rooms to witness her prowess she is the queen of America's slam poetry movement.

We all have inspiring stories and heartfelt issues, many of which are akin to the ones Chin deliberates: Abandonment by an insecure mother and absentee father and the longing to heal the wounds that follow, the decision to migrate to America and renew our purpose, the need to love openly and freely, and the quest to create change in this world. While the fuel for her pen may be familiar, it is how this 29-year-old native of Montego Bay weaves her words and articulates her ideas and furor that earns her distinction.

Performing poems is a distant shot from her academic beginnings as a high school science teacher in Jamaica. "When I came to America in search of what am I going to do," Chin recalls, "a lot of it was tied-up in the whole homosexual issue. I left Jamaica because government is yet to decriminalize homosexuality. When I moved to America I wandered around for a year not sure what I wanted to do, debating and trying to figure out what one did in New York." One day she helped a guy move some stuff at Manhattan's Nuyorican Café, that got her comp admission to a reading. "I got there and the lady said, 'If you got a poem in your pocket put your name in the book.' I did. Then I hit the stage. I opened my mouth, the crowd responded and an orgasmic moment happened, I uttered: Oh!...Oh! Okay!"

# SLAM QUEEN

### INTERVIEW AND PORTRAITS BY SEAN DRAKES

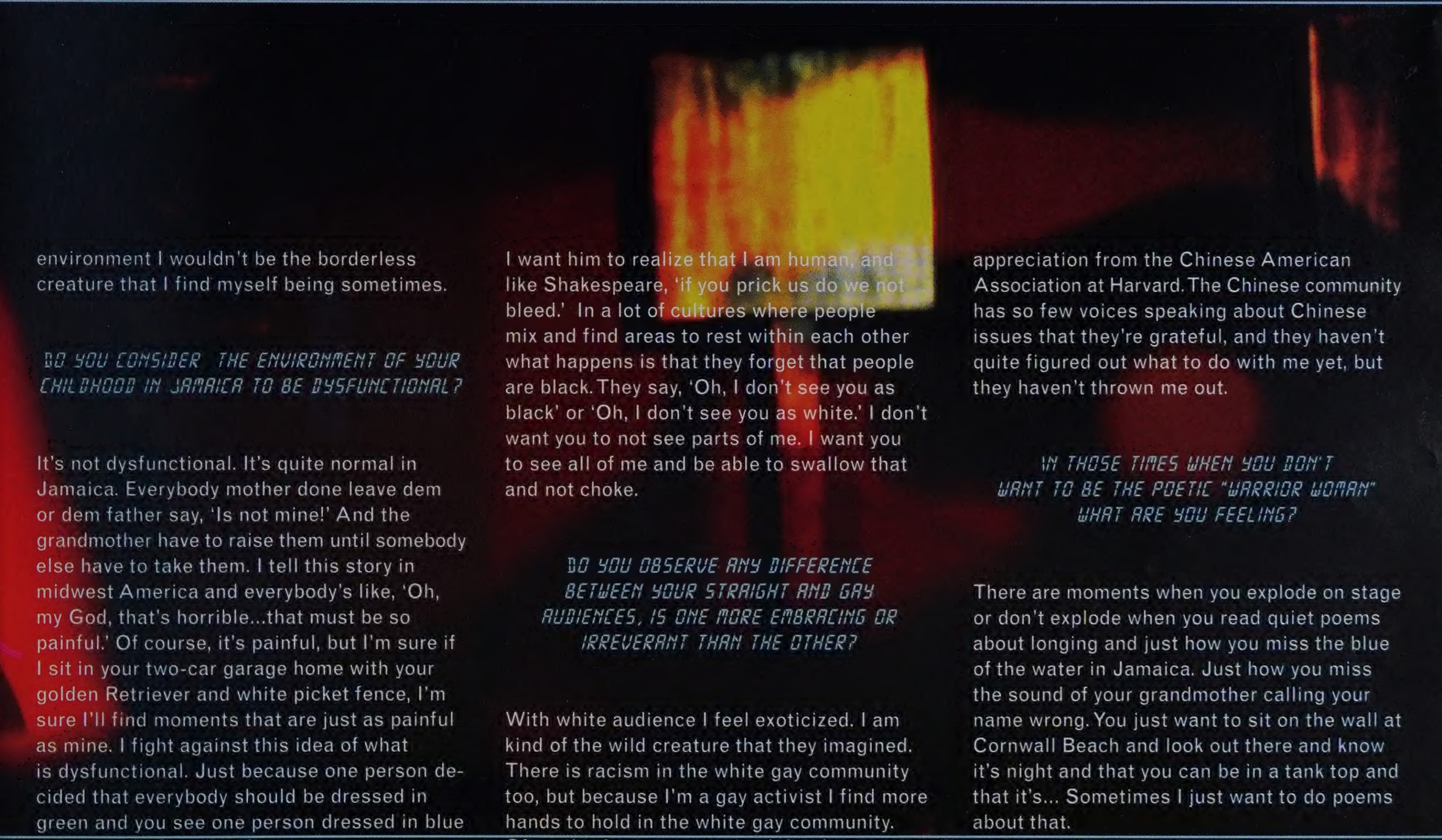
Between that summer night in 1998 and her recent appearance on HBO/Def Poetry Jam, Chin has performed in every major U.S. metropolis and several European cities putting down poems that are so honest they slam! And, she rattles a few nerves along the way as a "warrior woman" is known to do. From the Brooklyn sanctuary she's sculpted between four walls lined with her favorite authors, Chin shares insight on why she stirs it up the way she does.

### WHO ARE YOU WITHOUT POETRY?

I am a big sister. I am a Jamaican woman. I am a daughter who fights with a mother she just met. I am a lesbian. I am half-Chinese. I am an immigrant. I am a woman. I am black. I like being all those things. It makes me rather interesting, and there's always something to talk about.

### IF YOU COULD, WHICH PART OF YOUR LIFE'S SCRIPT WOULD YOU REWRITE?

Maybe just one stable place that I could have called home during my childhood. But who I am is a natural outgrowth of the lack of a structure that formed my life. The kind of individual who does not understand boundaries and structures, and how things are supposed to go. It is the fact that I do not understand it that makes me fight against it so much. So, if I were to deconstruct me and put me in a home with Mr. Chin and his wife, or put me with Hazel and her husband where I would have to wake up in the morning and do what my Mommy says, and be raised with a kind of expectant



environment I wouldn't be the borderless creature that I find myself being sometimes.

**DO YOU CONSIDER THE ENVIRONMENT OF YOUR CHILDHOOD IN JAMAICA TO BE DYSFUNCTIONAL?**

It's not dysfunctional. It's quite normal in Jamaica. Everybody mother done leave dem or dem father say, 'Is not mine!' And the grandmother have to raise them until somebody else have to take them. I tell this story in midwest America and everybody's like, 'Oh, my God, that's horrible...that must be so painful.' Of course, it's painful, but I'm sure if I sit in your two-car garage home with your golden Retriever and white picket fence, I'm sure I'll find moments that are just as painful as mine. I fight against this idea of what is dysfunctional. Just because one person decided that everybody should be dressed in green and you see one person dressed in blue then he's dysfunctional.

**WHAT ELSE MAKES YOUR WORK RELEVANT TO BLACK, WHITE, CHINESE, 'DOUGLA' PEOPLE WHO READ OR LISTEN TO YOU?**

The human condition is common. It is universal in every way. I know that the black woman in South Africa can relate to the black woman in suburban Chicago. A good writer works toward finding areas of commonality without sacrificing the difference between people. I don't want the white woman to forget that I am black in America and what that means, and how it makes our lives different. I don't ever want the white man to forget I am a black woman and in some areas I am the N-word. I want him to realize that I am human, and like Shakespeare, 'if you prick us do we not bleed.' In a lot of cultures where people mix and find areas to rest within each other what happens is that they forget that people are black. They say, 'Oh, I don't see you as black' or 'Oh, I don't see you as white.' I don't want you to not see parts of me. I want you to see all of me and be able to swallow that and not choke.

**DO YOU OBSERVE ANY DIFFERENCE BETWEEN YOUR STRAIGHT AND GAY AUDIENCES, IS ONE MORE EMBRACING OR IRREVERANT THAN THE OTHER?**

With white audience I feel exoticized. I am kind of the wild creature that they imagined. There is racism in the white gay community too, but because I'm a gay activist I find more hands to hold in the white gay community. Often they're quite surprised that I can string words together to make a sentence. Quite surprised that I seem to be educated. So I get that feeling of...'My God, this is the gold fish who can speak,' from white straight audiences. From Black straight audiences they're completely uncomfortable with me. Because you know, as soon as we put a little bit of color on our skin we get more uncomfortable with the homophobic issue. I feel most at home in the black gay community. It's weird, like in the Chinese community. They invite me to perform a lot in April which is Asian month because my last name is Chin and I'm a performance artist many people don't know about. I oftentimes think people are blown away when I step into the room. But they've come out in every way of support. If you look up there, that's my certificate of appreciation from the Chinese American Association at Harvard. The Chinese community has so few voices speaking about Chinese issues that they're grateful, and they haven't quite figured out what to do with me yet, but they haven't thrown me out.

**IN THOSE TIMES WHEN YOU DON'T WANT TO BE THE POETIC "WARRIOR WOMAN" WHAT ARE YOU FEELING?**

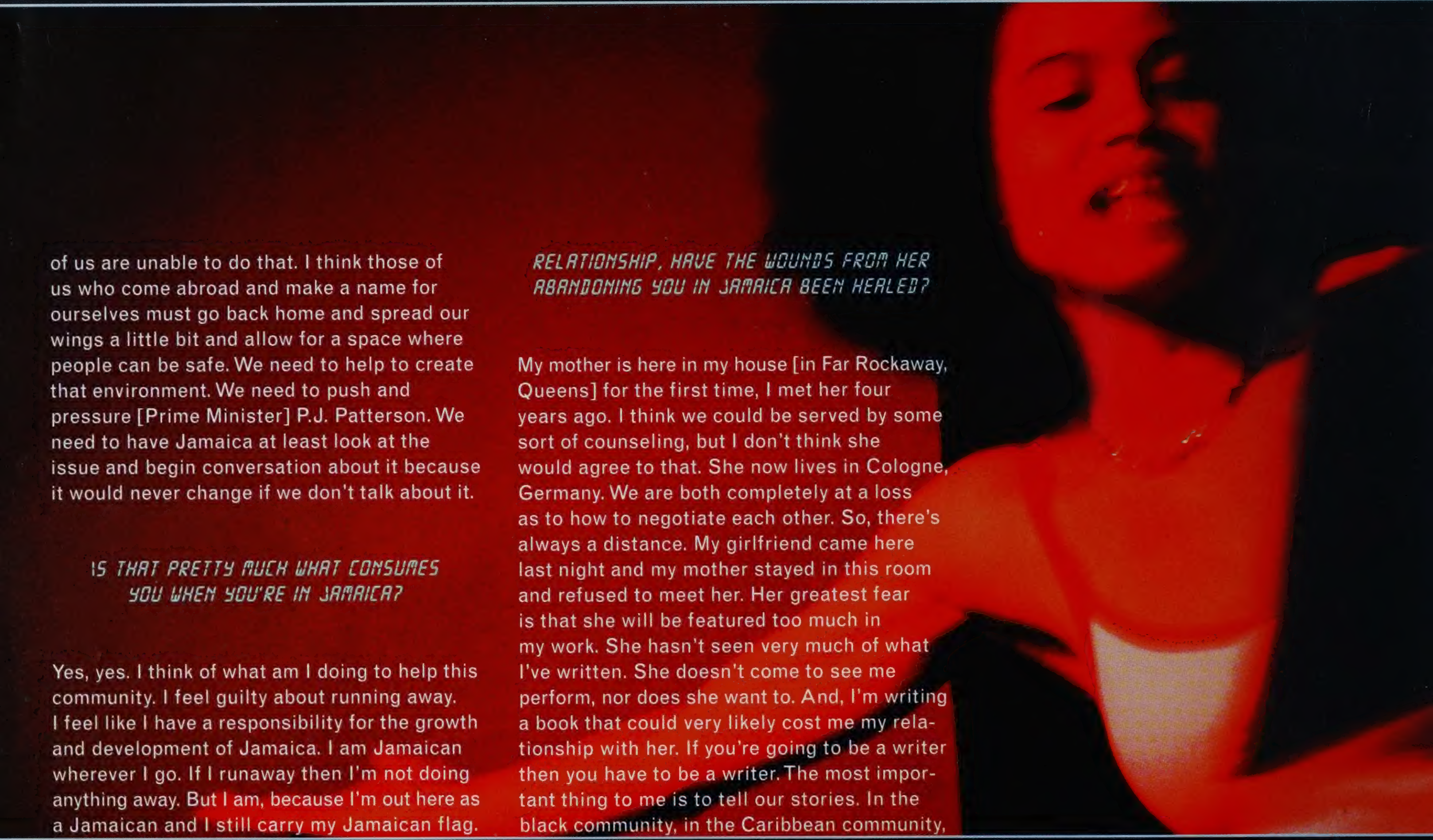
There are moments when you explode on stage or don't explode when you read quiet poems about longing and just how you miss the blue of the water in Jamaica. Just how you miss the sound of your grandmother calling your name wrong. You just want to sit on the wall at Cornwall Beach and look out there and know it's night and that you can be in a tank top and that it's... Sometimes I just want to do poems about that.

**DESCRIBE THE LOVER YOUR HEART LIVES FOR AND YOUR SOUL SINGS TO?**

She's gotta make me laugh and she's gotta hold me when the nights are crazy. She has to be comfortable in the world. What I do has to be important work for her as well. She's got to laugh hard and love crazy.

**WHAT MOTIVATES YOU TO RETURN TO JAMAICA?**

The safety of my friends who are gay in Jamaica. Not everybody has the wherewithall to get up and buy a ticket to come to America. Many



of us are unable to do that. I think those of us who come abroad and make a name for ourselves must go back home and spread our wings a little bit and allow for a space where people can be safe. We need to help to create that environment. We need to push and pressure [Prime Minister] P.J. Patterson. We need to have Jamaica at least look at the issue and begin conversation about it because it would never change if we don't talk about it.

*IS THAT PRETTY MUCH WHAT CONSUMES YOU WHEN YOU'RE IN JAMAICA?*

Yes, yes. I think of what am I doing to help this community. I feel guilty about running away. I feel like I have a responsibility for the growth and development of Jamaica. I am Jamaican wherever I go. If I runaway then I'm not doing anything away. But I am, because I'm out here as a Jamaican and I still carry my Jamaican flag.

*WHAT CONSUMES YOU DAILY IN AMERICA?*

I like it here but I always feel like an outsider. I am an immigrant and America doesn't allow you to forget that. And, then I'm black, so that's a double strike against me. Then I'm a woman, strike again. And, then I'm gay, strike me again. Every day I try very hard to explain my life in a way that will help dispense with those very harmful myths that surround being all kinds of others. But, these days I am consumed by the thought of being a mother. I want to raise a child. I want to love a child and provide a home for a child.

*IN THAT DANISH BIOPIC MUCH OF YOUR WORK IS ABOUT THE STRAIN OF YOUR MOTHER-DAUGHTER RELATIONSHIP, HAVE THE WOUNDS FROM HER ABANDONING YOU IN JAMAICA BEEN HEALED?*

My mother is here in my house [in Far Rockaway, Queens] for the first time, I met her four years ago. I think we could be served by some sort of counseling, but I don't think she would agree to that. She now lives in Cologne, Germany. We are both completely at a loss as to how to negotiate each other. So, there's always a distance. My girlfriend came here last night and my mother stayed in this room and refused to meet her. Her greatest fear is that she will be featured too much in my work. She hasn't seen very much of what I've written. She doesn't come to see me perform, nor does she want to. And, I'm writing a book that could very likely cost me my relationship with her. If you're going to be a writer then you have to be a writer. The most important thing to me is to tell our stories. In the black community, in the Caribbean community, we sit on too many secrets and we die with them. And, they rot in our children because we pass them on. I've carried these secrets for too long.

*WHAT WOULD BE YOUR ULTIMATE ACHIEVEMENT?*

When Audre Lorde died it was a unanimous public opinion that she had done much to improve the world. I want to leave the world a better place than when I got here. Toni Morrison is changing the world with her pen. When I die I want the people who were around me—the person who delivers my mail, the waiter who serves at the restaurant I eat at, my sister—to say their lives were made better by my being here. And the people who read my work I want them to say, 'Yes! my world is better because Staceyann Chin was here.'

ART

APPAREL

“CLASSIC CITY STYLE”

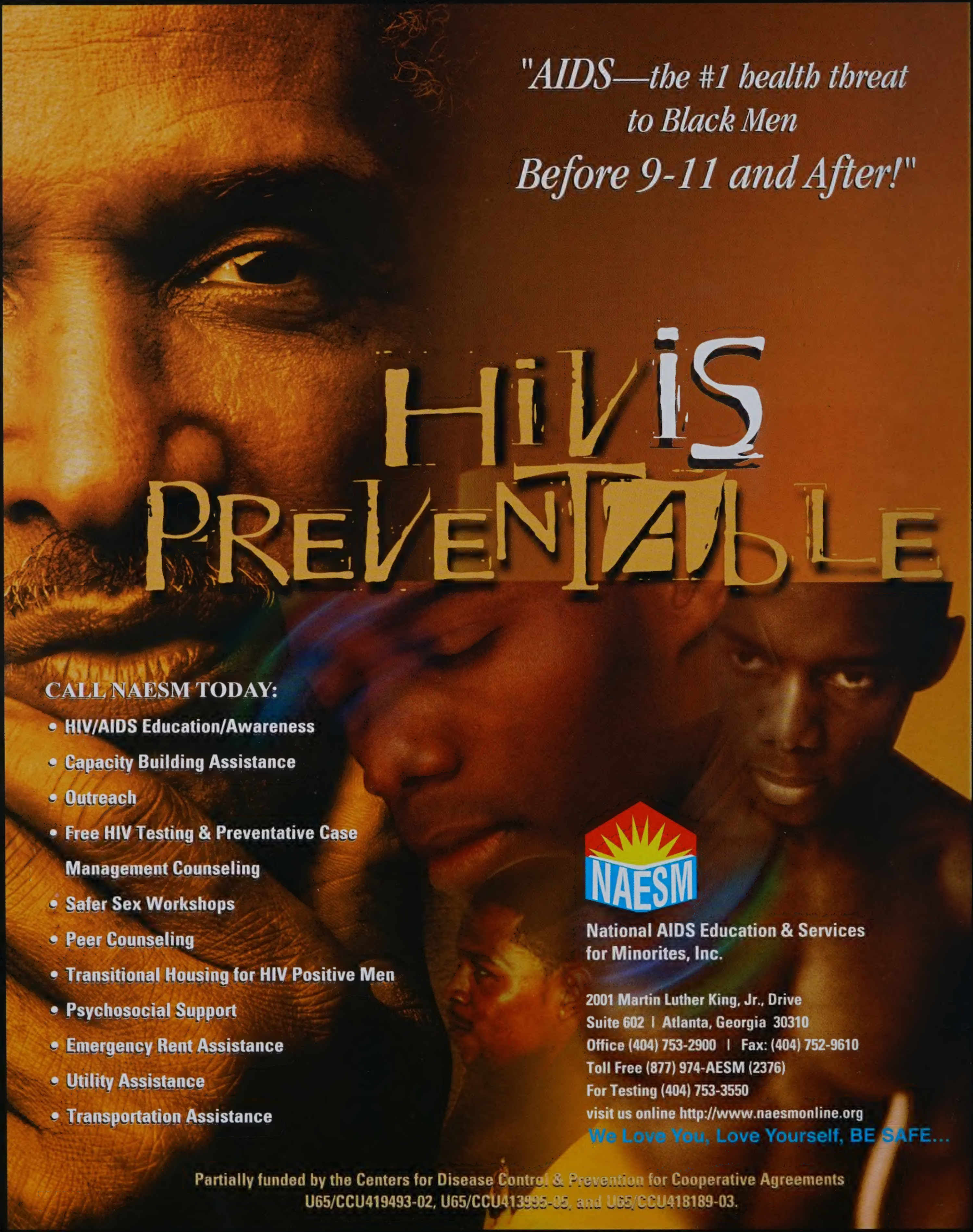
DSM is not just a store but is also a boutique experience with the ambiance of a comfortable hangout. Black leather armchairs flank a Chinese chessboard near the window – three or four people a day come in to play chess with Titus. A fabulous hand-painted chess set from South Africa is prominently displayed. Paintings of jazzmen line the walls. Music plays and the CDs are for sale.

ACCESSORIES

designed by Nuwävo for Arise Communications

DSM
DEEP SOLE MEN

634 Grand Avenue, 1st Floor, Oakland, CA 94610
Telephone 510.835.SOLE (7653) Fax 510.835.3760
Web: www.deepsole.com Email: info@deepsole.com



*"AIDS—the #1 health threat*
*to Black Men*
*Before 9-11 and After!"*

# HIV IS PREVENTABLE

**CALL NAESM TODAY:**

- HIV/AIDS Education/Awareness
- Capacity Building Assistance
- Outreach
- Free HIV Testing & Preventative Case Management Counseling
- Safer Sex Workshops
- Peer Counseling
- Transitional Housing for HIV Positive Men
- Psychosocial Support
- Emergency Rent Assistance
- Utility Assistance
- Transportation Assistance

NAESM

**National AIDS Education & Services for Minorites, Inc.**

2001 Martin Luther King, Jr., Drive
Suite 602 | Atlanta, Georgia 30310
Office (404) 753-2900 | Fax: (404) 752-9610
Toll Free (877) 974-AESM (2376)
For Testing (404) 753-3550
visit us online http://www.naesmonline.org

We Love You, Love Yourself, BE SAFE...

Partially funded by the Centers for Disease Control & Prevention for Cooperative Agreements U65/CCU419493-02, U65/CCU413995-05, and U65/CCU418189-03.

### BY DR. DAVID MALEBRANCHE

Two years ago, I spoke to a group of brothers in upstate New York about health issues for same-gender-loving black men. One brother stood up and said: "Doc, I've been HIV-positive for over 15 years and I feel fine. Every time I go to my doctor, he keeps tryin' to push these HIV meds on me, probably because he's making money from the pharmaceutical companies every time he gets one of his patients on them. So I take the prescriptions, throw them in the trash when I get home, and just go back every 3 months to get my lab results. Is that OK?"

I paused.

Sitting in front of me at that moment, this brother was telling me the exact problem with our utilization of health-care facilities. And his story wasn't the only one like that. Black people, we have a problem and that problem is communication with our doctors. But first, let's look at a bit of history.

We all know of the mistreatment of blacks by the American medical system. From heatstroke experiments on slaves to the Tuskegee atrocities from 1942 to 1972 to the current subtle denial of best treatments to black people as detailed by the Institute of Medicine report, it is obvious that our current health care "disparity" did not emerge out of thin air. And it is surely not a reflection of genetic or culturally specific health behaviors on the part of blacks that put us at increased risk of complications and death from the Top 10 chronic diseases outlined by the Centers for Disease Control and Prevention (CDC) in Atlanta.

What's the problem with blacks and adverse health outcomes today?

Let's take a stab at this, because we all seem to be running around dazed and confused. As blacks, we have been traumatized by social discrimination and a history of medical discrimination. Many of us are distrustful of health-care facilities at baseline. That's a fact. So, when we enter emergency rooms, outpatient clinics and urgent-care centers, we often come in with a chip on our shoulder, waiting for someone to mess up or disrespect us. When the gum-popping receptionist gives us attitude, we're ready to bolt. When the nurse or phlebotomist jabs us a little too hard with a needle, we're out the door. When it takes too long to see the doctor or provider, we're ready to fight.

Finally, when the doctor dismisses our concerns after we waited two hours to see him or her, we retaliate by refusing to return for a follow-up. Sometimes we won't take the medications or tests they recommended. And God forbid we get a whiff that anyone in the medical facility is judgmental of our sexuality. If so, we clam up and let the providers carelessly gloss over any discussion of sexual behavior that would help them screen us for disease. That'll show 'em.

Miscommunication or mistreat me in your health-care facility and I'll teach you a lesson by becoming less invested in my own health. Makes sense, doesn't it? No, it doesn't.

Our internalization of years of mistreatment by medical professionals has made us complacent, disinterested and ignorant about actively pursuing our own health care. We avoid the clinics and hospitals that provide us with care because we are trapped by history and negative past experiences. Do we manifest the same avoidance and disinterest in buying products from the grocery stores whose clerks give us attitude because of our race? The churches that judge us because of our sexuality? The auto mechanics that disrespect us and rip us off? The nightclubs that help us get drunk and high without putting anything back into the community? No, we keep returning to these facilities despite our negative experiences with them.

So why is it so hard for us to return to facilities that can help us better take care of our bodies, the same way we incessantly return to other customer service venues that service our material possessions or perpetuate our self-destructive pleasurable behaviors?

Taking care of our spirits and bodies should be the most important customer service endeavor in which we invest our time and money. Put away the internalized trauma, the baggage, and whatever other rationalizations you have for not visiting health-care facilities. If you don't have medical or dental insurance, go to your local clinic and speak to a social worker about getting some type of insurance. If you have a job that provides you with medical and dental insurance, enroll and utilize it. If you have a job that doesn't provide you with insurance, ask your employers about health benefits, find a job that offers benefits, or go to a local clinic to inquire about getting insurance. Without a national health plan in the United States, we become victims of a system that caters to the rich and gainfully employed, while leaving part-time workers and the unemployed to become the yearly negative statistics of this health care "disparity."

Being pro-active about our health must have the same enthusiasm with which we approach our car repairs, shoe maintenance, club-hopping and dry cleaning. Don't let a less-than-optimal medical system and some negative past experiences get the best of you.

We all should have health care. We must start believing that we are deserving of good health care in order to truly access it.

Next month, I'll review types of insurance that are available to us – without it; we can't get the health care we so desperately need.

**People Into Living:**

Meet Bernard.
He's on the move and having fun. Serious about friendship. Family. Responsibility. Health. Mistakes can be deadly. He's not in this alone. He's got us...

**US HELPING US**

*Funded by the D.C. Department of Health, Administation for HIV/AIDS • CFC 7703*

**HIV prevention and support services for all black gay and bisexual me**

**CFC # 7703**

- **support groups**
- **HIV counseling & testing**
- **individual & group psychotherapy**
- **case management**
- **HIV telephone help line (202-546-5300)**
- **community theatre & forums**

**202-546-8200**
**TTY 202-546-4416**

UHU
US HELPING US Inc.
811 Street, SE
Washington, D.C. 20003

in the spirit
of health

BCA's Spirit of Health Campaign

The Black LGBT Film Festival

Award Winning Staff & Programs

## The Black Coalition on AIDS is

# Making Black History

## In San Francisco

**Support BCA in
BUILDING A HEALTHY
BLACK COMMUNITY
in San Francisco**

Make a tax-deductible
donation today:
Black Coalition on AIDS
984 Folsom Street, 3rd Floor
San Francisco, CA 94107

or call
415.615.9945

Black Coalition on AIDS
984 Folsom Street, 3rd Floor
San Francisco, CA 94107
415.615.9945
www.bcoa.org

BCA

# Death by Neglect: Why We Should Care About HIV Testing

## By Phill Wilson

It's frightening how many African Americans are infected with HIV and don't even know it. This lack of knowledge is, to put it bluntly, killing us.

African Americans suffer the highest infection rates of any racial or ethnic group. Many in the mainstream media have tried to lay the blame for high rates of HIV infection in our communities on the supposed "bad habits" of black folks with HIV. "Why are they so irresponsible?" they ask. "Why do they take so many risks?" But the truth is much more complicated than those racist assumptions.

Yes, across the nation, some African Americans with HIV are engaging in risky behaviors like unprotected sex. But no more so than other racial groups. In fact, research by the Centers for Disease Control among the black men with the highest infection rates – young gay and bisexual black men – shows that these men take SLIGHTLY fewer risks than their white and Latino peers.

Our HIV-positive brothers and sisters are not spreading HIV because they have poor judgment—they're spreading it because they don't even know they are infected. A study of gay and bisexual black men released recently showed than more than nine out of ten young HIV-positive Black men didn't know they had the virus. People who know they are infected and in care are a lot more likely to protect their partners than those who don't.

Why don't more African Americans know their HIV status? Fear and ignorance! Fear of the disease and ignorance about HIV testing and treatment. So as a start to encouraging people to test for HIV, it's important that we know the facts – and are able to talk about these facts to others.

- Getting tested for HIV is easier than it used to be. A few years ago, you would have to go in for a blood test and wait weeks for your results. Today, there's an oral test that's needle-free, and rapid tests that provide results in less than an hour.
- If you do find out that you're HIV-positive, the benefits are twofold.
- First, you can start on a treatment program that will help your body keep the virus under control for a long, long time. Private insurers and Medicaid almost always cover HIV/AIDS treatments. A disease that might not kill you for 15 or 20 years is hardly in the same "death sentence" class as an inoperable brain tumor. With good treatment, AIDS can be a lot more like diabetes or high blood pressure. It's when we don't get tested and into care that AIDS turns into a death sentence.
- Second, you can start taking precautions to ensure that you don't pass on the virus to anyone else.

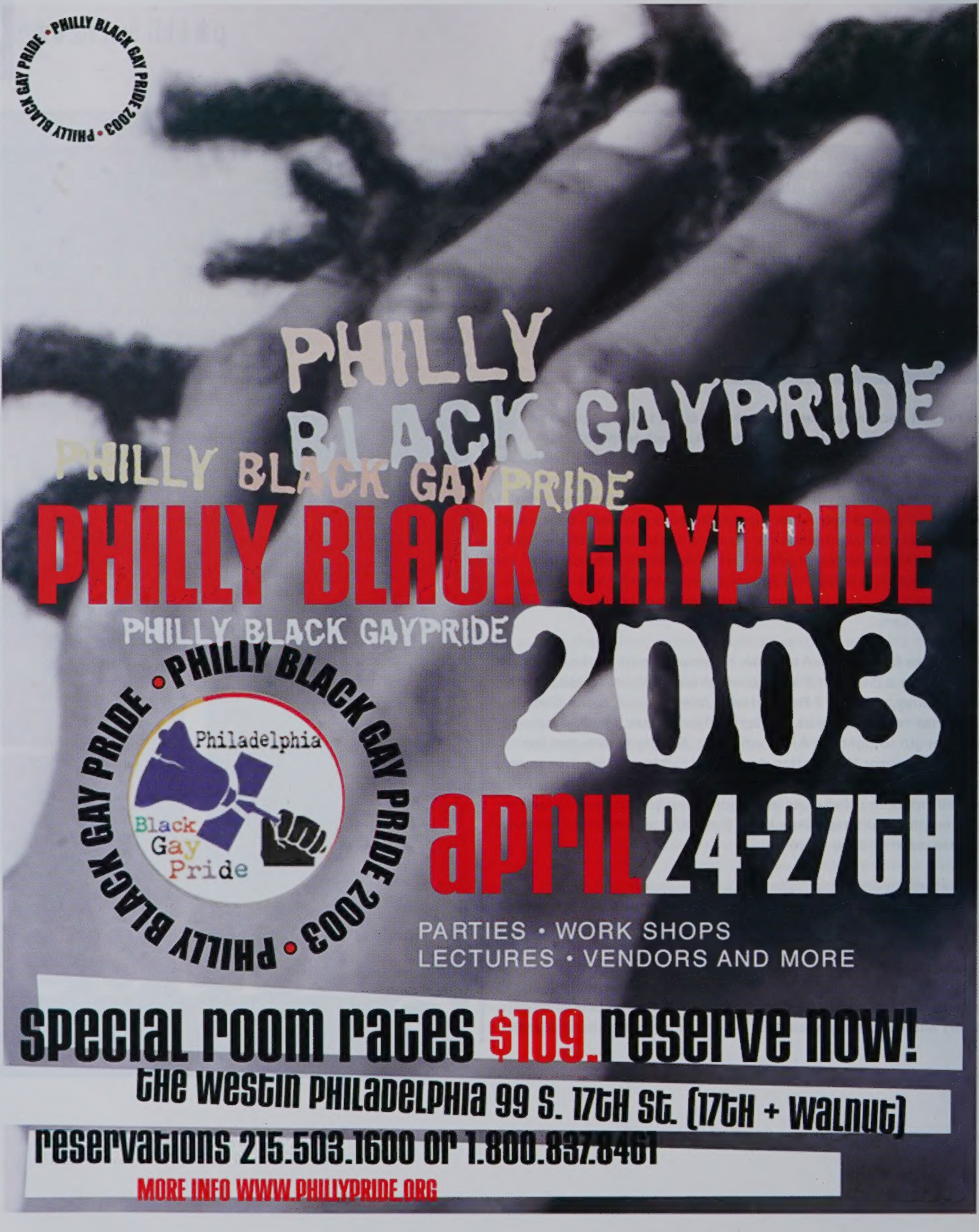
A major reason people don't get tested is that we still have work to do to fight the stigma of HIV. Many African Americans, particularly African-American men, already know that we are thought of as both dangerous and disposable—why would we want to go find out that we may also be grappling with an infectious virus? Positive images of people with HIV include gay white men, older men, mothers, but rarely young black males. When it comes to young black men with HIV—think of NuShawn Williams in upstate New York or Nikko Briteramos in South Dakota—we get images of people whose behavior endangered others, and messages that focus on control and containment rather than counseling and care.

What will it take for African-American communities to start sending our young people a different message—that we are there to stand with them, even if they have HIV? For centuries, the strength of the black community has helped carry us through difficult times. Now we have to use that strength to fight the AIDS epidemic. Beauty salons and barbershops can sponsor HIV testing days. Civil rights organizations can make testing available at their national conventions. Ministers can address HIV from the pulpit—not just urging mercy for those who suffer, but by letting their congregations know that early testing and treatment can increase survival time by years.

The alternative—silence and more infections—comes with deadly consequences. Ten years ago, African Americans represented a quarter of AIDS cases, according to the federal centers for disease control. Today, we represent more than half of all new HIV cases.

Those kinds of numbers —and the CDC research on how many young HIV-positive African Americans are untested—make the choice clear. Talk openly and concretely about testing and counseling and treatment for people with HIV, address the stigma head on, confront the negative stereotypes offered by mainstream media, set an example by getting tested. Or condemn a generation to death by neglect.

**Phill Wilson has been living with HIV for 22 years. He is the founding director of the African American AIDS Policy and Training Institute in Los Angeles CA. He can be reached at *Phillw@aaainstitute.org.***



• PHILLY BLACK GAY PRIDE • PHILLY BLACK GAY PRIDE 2003

PHILLY BLACK GAYPRIDE

PHILLY BLACK GAYPRIDE

PHILLY BLACK GAYPRIDE

PHILLY BLACK GAYPRIDE 2003

• PHILLY BLACK GAY PRIDE • PHILLY BLACK GAY PRIDE 2003

Philadelphia Black Gay Pride

april 24-27th

PARTIES • WORK SHOPS
LECTURES • VENDORS AND MORE

special room rates $109. reserve now!
the westin philadelphia 99 s. 17th st. (17th + walnut)
reservations 215.503.1600 or 1.800.837.8461
MORE INFO WWW.PHILLYPRIDE.ORG

AmASSI
Health, Culture, Affirmation

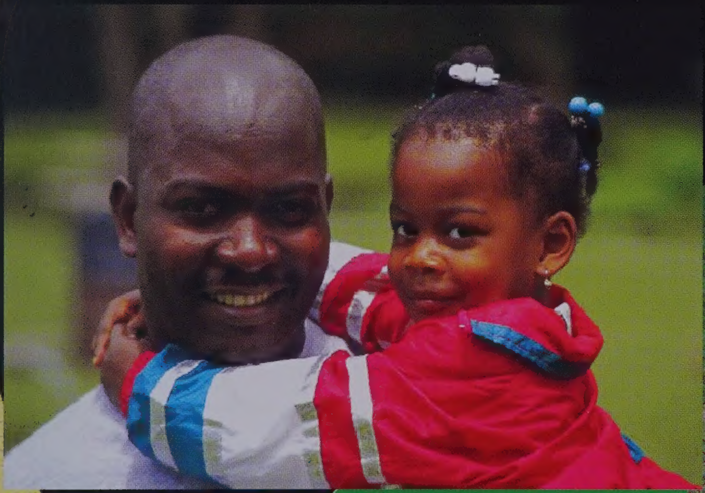
# AmASSI Center Los Angeles

# Wellness Counseling

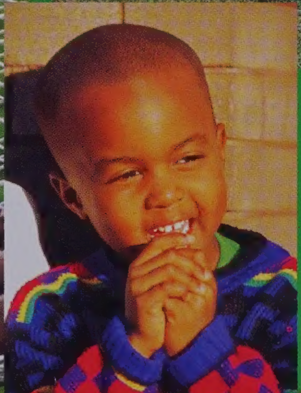
**Free and low-cost counseling services.
For a deserving community**

Provided by professionally trained, skilled and culturally connected men and women from the communities we serve.

We work with Individuals, Youth, *Couples and Families facing:
*Couples Conflict
Depression
Suicidal Ideation
HIV Risky Behavior
Low Motivation
Sexuality Questions
Internalized Oppression
Substance Abuse
Living With HIV, etc.



The AmASSI Center of Los Angeles is a member Better Business Bureau of the Southland

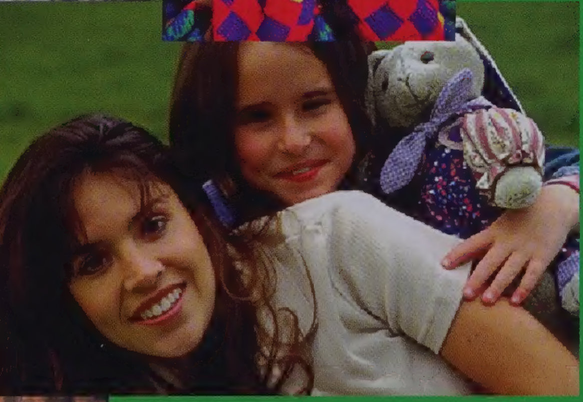


**Day and Evening Appointments Available**

**For Appointment Contact:
Ujima Moore
Phone: 310-419-1969
Fax: 310-419-1960
Email: Ujima@amassi.com**

**160 S. La Brea Ave.
Inglewood, CA 90301**

**4343 Crenshaw Blvd.
Los Angeles, CA 90008**



*Couples refers to both Heterosexual and Same-Gender-Loving (SGL) intimate/romantic relationships

Funded by
The California Endowment and the Center for Substance Abuse Treatment (CSAT)

**Committed to Health, Wellness and Cultural Affirmation**

ALIZÉ
GETS
AROUND
BELLISSIMO
Bellagio, Las Vegas
PASSION MIMOSA
Nine Restaurant, Chicago
ALIZÉ COGNAC ON THE ROCKS
Sidetrack, Chicago
RED ROOM MARTINI
Le Cirque 2000, New York City
PASSIONATE TORO
Space, Miami
Alizé
Alizé
COGNAC
V.S.
Alizé
RED PASSION
Alizé
GOLD PASSION
Alizé
WILD PASSION

**From New York to San Francisco and Chicago to Miami,**

the word is out. Alizé is popping up in the most extraordinary places. Is it the smoothness of our award winning **Alizé Cognac**, which is aged twice as long as the competition? Is it the outrageously refreshing blend of all-natural fruit juices and fine French Cognac in our **Alizé Gold Passion**, **Red Passion**, and **Wild Passion**? Or is it Alizé's ultimate mixability? The truth lies inside every bottle of Alizé. Discover it.

©2002 Kobrand Corp. Alizé de France, imported from France by Kobrand Corp., New York, NY. Alizé 16% alc. by volume, Alizé Cognac 40% alc. by volume.